1. D	ate of Death,	Jen 4-1892
2. N	ame,	Mary & Walson
	(Maiden Name),* .	Mary & Cologral
	(Name of Husband),*	Webdman H Malson
3. Se	ex, and whether single,	Fearneile !
	Married, or Widowed,	Sharricel
4. Co	olor,†	
5. A	ge,	Years, & Months, 5 Days.
(Di	sease or Cause of Death,	Cousumplien of Lung
6. D	uration of Sickness, .	Jur Jeers
$\left(\mathbf{B}\right)$	y whom certified, .	SI A
7. Re	esidence,	Jagwille , south cro
8. 00	ecupation,	Cincelle
9. Pl	ace of Death,	Faguitte Bouthline
10. Pl	ace of Birth,	Hallowell Maine
11. N	ame of Father,	Tideou Elect
12. N	ame of Mother,	Sarah Marton Coton
13. Bi	rthplace of Father, .	Jardaer Mairie
14. Bi	rthplace of Mother, .	12:88 cm Meine
15. Pl	ace of Interment, .	Southboro hass
0	gnature of Undertaker r other person making he Return,	Jon & Mufurtand
DATED		on ferre - 1892
* If a l	Married Woman or Widow.	The Tables of other Peace, angifus what

If a Married Woman or Widow.
If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Date and Place of Death, - died at...... Anmy Duration of Sickness Mel Disease or Cause of Death, -I certify that the above is true, to the best of my knowledge and belief. Date of Certificate, Jace. 6 " * Or Sex of Infant (not named).

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.
Date of Death, July 19th 1892
Name, Gathie A Brigham
Maiden Name, Sex, Jemele
Married, single or widow, wife of Gree Brighton
Color, Age, Tyears, 3 mos., Adays.
Residence, South took Men.
Place of death, Street and No. South Love Ward,
Place of Birth, Believe Occupation, Foreseury
Name of Mother, Olizabeth Maiden Name Mersill
Name of Father, Leveis Bernis
Birthplace of Father, Comest
Birthplace of Mother, fax a christis
Place of Interment, thipman Cometer, Marthon
*If a married woman or a widow. †Give the name of the burial ground.
Signature of Undertaker or other person aking the return.
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.
Marlborough, Jany 19th 1892
Name of Deceased, Cynthin M Bryhau
Date and Place of Death, June 19 th 1892 Mulley Muse
Disease or Cause of Death, Prumonia *duration of, Mu youl
THE ACT PROPERTY OF THE PROPER
Name and residence, G. E. Stortt M. W. A Nowledge and belief.

1. Date of Death,	January 20, 189,
2. Name,	Thro allty mi Luarr
(Maiden Name),* .	Anni of Supertary
(Name of Husband),*	- algen In Luare
3. Sex, and whether single,	(djem ale
Married, or Widowed,	charried
4. Color,†	1 hours
5. Age,	V2 Years, /O Months, Days.
Disease or Cause of Death,	Phronagerational
6. Duration of Sickness, .	48 Trous
(By whom certified, .	In /tobussan
7. Residence,	Forthborn
8. Occupation,	Mour Capril
9. Place of Death,	Southbord
10. Place of Birth,	Pieron to Sis.
11. Name of Father,	James / Extressor
12. Name of Mother, .	Ciby gle Tohers
13. Birthplace of Father, .	BARRON
14. Birthplace of Mother, .	
15. Place of Interment, .	Fouthbors
Signature of Undertaker or other person making the Return,	} Henry Newton
DATED at Souths	on January 21 18 92

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

Name of the last o	
1. Date of Death,	Jan 20/892
2. Name,	Patrick Corners
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	Widowed
4. Color,†	W
*5. Age,	Years, 6 Months, 5 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Theumour
6. Duration of Sickness, .	5 ofans
(By whom certified, .	Dr Butterfield
. 7. Residence,	Southborn
8. Occupation,	Mechanio
9. Place of Death,	Leuthhaw
10. Place of Birth,	Greland
11. Name of Father,	Matthew Commons
12. Name of Mother,	Mary Lupples
13. Birthplace of Father, .	Greland
14. Birthplace of Mother, .	Ireland
15. Place of Interment,	Hophinton Mus
Signature of Undertaker or other person making the Return,	Ed Bridges
DATED at Hoffkirl	in, on Jan IV 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Disease or Cause of Death, - of	f Mension of Sickness.	n la Voud e
Disease or Cause of Death, - of.,	Duration of Sickness	The second second

1.	Date of Death,	Don-21-1892
2.	Name,	1 Heleria & Marien
	(Maiden Name),* .	Divonestore Cent Parker
	(Name of Husband),*	
3.	Sex, and whether single,	Siele
	Married, or Widowed,	
4.	Color,†	***
5.	Age,	33 Years, — Months, — 3 Days.
	Disease or Cause of Death,	Constalina & Lungo
6.	Duration of Sickness, .	3 fedro
	By whom certified, .	
7.	Residence,	Scitt Double South
8.	Occupation,	Donial To
9.	Place of Death,	Scriffy Mass
10.	Place of Birth,	Transaga the an
11.	Name of Father,	Games Ugaren
12.	Name of Mother,	Bridget (Stea)
13.	Birthplace of Father, .	Greford
14.	Birthplace of Mother, .	n in and A
15.	Place of Interment, .	Setion vitte fruit
	Signature of Undertaker or other person making the Return,	3 Mr Mayfortend
DAT	ED at SULA	7 He, on John 22 1892
* T4	a Married Woman or Widow	

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Commonwealth of Massachusetts. RETURN OF A DEATH.

1. Date of Death,	Jan. 24 1892
2. Name,	Colementina Berry
(Maiden Name),* .	F
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, / Months, / Days.
Disease or Cause of Death,	Growh & Preumonin
6. Duration of Sickness, .	Three days
(By whom certified, .	
7. Residence,	Southon
8. Occupation,	Contractor
9. Place of Death,	Southon
10. Place of Birth,	Francyhour
11. Name of Father,	John Benn
12. Name of Mother,	maggre (Ilsina)
13. Birthplace of Father, .	Otally
14. Birthplace of Mother, .	
15. Place of Interment, .	Samuelle
Signature of Undertaker or other person making the Return,	} John Berry
DATED at I MULTIN	on Jun 25 189.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]



THIS IS TO CERTIFY,

To the best of my knowledge and belief, Name of deceased in full.

That	Hows	
age 9 years 7 months 6 days, died Give, briefly, disease or other cause of death.	1 on the 30 day of gon.	A.D. 1892
Its duration † was		
There was also		
Its duration † was		
Was there an Autopsy?	Was death Sudden?	
Signed at South Form	Mass., gan 30 th	1872
† Reckoned from the time of invasion of death.	Robinson	M. D.
Undertaker's	Return of Death.	and the second
Name of deceased in full House Maiden Name.	Date of Dea	30 1892
Wife or Widow of	Age, 80 Years 7 Months	16 Days
Sex. *Color. Male Resid Occupation.	ence Southbord Place of Birth.	
Name of Father Howe Name of Mother.	His Birth Place.[3] Her Birth Place.[4]	
Interment Southboro	February	1 1892
This return is made by Undertaker	A. L. Tromas	1
Dated Jan. 30 189 1. Erase the words which do NOT indicate the condition.	2 Of January	hite. B, Black.
Countersigned and Approved this	day of	18
	Agent Boo	ard of Health.

1. Date of Death,	7 Freh 1852
2. Name,	Mrs Exther D Richards
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Lingle
Married, or Widowed,	U.
4. Color,†	
5. Age,	89 Years, / Months, & Days.
Disease or Cause of Death,	Mermay
6. Duration of Sickness, .	2 1288/8
By whom certified, .	ny Phase ; 1
7. Residence,	South Coo
8. Occupation,	ρ
9. Place of Death,	Fayrille,
10. Place of Birth,	South borg
11. Name of Father,	, Svelsen Kreloards
12. Name of Mother,	grance Kielsands-
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Guttebero-
Signature of Undertaker or other person making the Return,	} Henry Newton
DATED at South	vo , on Beeb 8 18 9 2

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1.	Date of Death,	7.6-19-1892
2.	Name,	Patrick Fitzgerald
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	M.
	Married, or Widowed,	1/
4.	Color,†	W
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	Cancer of Bourls
6.	Duration of Sickness, .	about one year
	By whom certified, .	gr Kothagen Mi
7.	Residence,	Southborn Mass
8.	Occupation,	framer
9.	Place of Death,	Jouthborn Mass
10.	Place of Birth,	Ireland
11.	Name of Father,	4 ofm
12.	Name of Mother,	I Hanor a Kennedy
13.	Birthplace of Father, .	Juland
14.	Birthplace of Mother,.	1/2
15.	Place of Interment, .	Marlboon Mass
	Signature of Undertaker or other person making the Return,	} Za. Megile
DAT	red at	, on 18 .

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

The state of the s
Name of Deceased,* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9 200
Date and Place of Death, - died at South Televina 1842.
Disease or Cause of Death - of Care and Journal Duration of Sickness
Disease or Cause of Death, - of Can e Charles Duration of Sickness Duration
Twelve hours, and the
I certify that the above is true, to the best of my knowledge and belief.
A Thanks of the same of the sa
Name and Residence of Certifying Physician
South bord Mas Date of Certificate, Jahr 182

^{*} Or Sex of Infant (not named).

1.	Date of Death,	FPB 22 1892
2.	Name,	Asproel moner
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	A
	Married, or Widowed,	Midowed
4.	Color,†	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	Lugriffe 4-OTE CIGE
6.	Duration of Sickness, .	9 111100165
	By whom certified, .	
7.	Residence,	Call Car Flam MACISS
8.	Occupation,	fermer
9.	Place of Death,	8011110112
10.	Place of Birth,	Streen Harine
11.	Name of Father,	Bewalted Dene
12.	Name of Mother,	Charille Curris
13.	Birthplace of Father, .	Collastion Dougo
14.	Birthplace of Mother, .	4
15.	Place of Interment, .	Control Children Control
	Signature of Undertaker or other person making	Mr Hagarad
	the Return,	00 10 20 00
DATED at COLFERN TR, on 189. 2		
-		

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

1. Date of Death,	Heb 26 1892
2. Name,	Lusetta O Entrem
(Maiden Name),*	u le le le l'el
(Name of Husband),*	Jon B Onhank
3. Sex, and whether single,	
Married, or Widowed,	Arein Cel
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Foile
6. Duration of Sickness, .	8 freziths
By whom certified, .	Dr Styriges
7. Residence,	Sewit belie
8. Occupation,	Donestic,
9. Place of Death,	Such too mass
10. Place of Birth,	Stansteed maine
11. Name of Father,	John Reberts
12. Name of Mother,	Heinnich (Clerk
13. Birthplace of Father, .	mericleth //
14. Birthplace of Mother, .	Deus wiffe fig
15. Place of Interment, .	South too Mass
Signature of Undertaker or other person making the Return,	} four Buofurlemel
DATED at SCURL	vrv , on feb - 26 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

40		
1.	Date of Death,	April 1720 1892
2.	Name,	Mas John Zunga
	(Maiden Name),* .	South of Corpum
	(Name of Husband),*	John II Jurner
3.	Sex, and whether single,	
	Married, or Widowed,	Marriel
4.	Color,†	all side
5.	Age,	38 Years, 2 Months, / Days.
œ	Disease or Cause of Death,	Consumption
6.	Duration of Sickness, .	July y ll of
	By whom certified, .	In a Macken
7.	Residence,	Lauranga Miller -
8.	Occupation,	
9.	Place of Death,	South At English Should
10.	Place of Birth,	Allo Boss of S
11.	Name of Father,	John B. C. O. Liller
12.	Name of Mother,	Mygget & Cortur
13.	Birthplace of Father, .	Children de la laconia de laconia de laconia de laconia de la laconia de la laconia de laconia delaconia de laconia delaconia de laconia de laconia de laconia de laconia delaconia de laconia de laconia de laconia delaconia de laconia de laconia delaconia d
14.	Birthplace of Mother,.	EARLY Of
15.	Place of Interment, .	South corongs Mass
	Signature of Undertaker or other person making the Return,	Henry Newton
DAT	ED at Scrubb	ors, on Apr 22 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A

1. Date of Death,	1/2 23 1822
2. Name,	Doyler Brever
(Maiden Name),* .	Bon Tel 22, 1814
(Name of Husband),*	
3. Sex, and whether single,	A
Married, or Widowed,	Diclowed
4. Color,†	
5. Age,	Years, 2 Months, 1 Days.
Disease or Cause of Death,	ord age
6. Duration of Sickness, .	4 stars
By whom certified, .	0 (10 10 9 (10)
7. Residence,	Soundatte Suntere
8. Occupation,	Cognimon Lateror
9. Place of Death,	Again South Cou
10. Place of Birth,	201171070
11. Name of Father,	Jose Benes.
12. Name of Mother,	Lyndras (103lx)
13. Birthplace of Father, .	Strikton,
14. Birthplace of Mother, .	Infform on theon,
5. Place of Interment, .	2001 1000 Mass
Signature of Undertaker or other person making the Return,	} Mr. Derglered
DATED at Section A	e, in 123 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

	1
1. Date of Death,	Apr 23-1892
2. Name,	Millie L Collins
(Maiden Name),* .	Jugariffe Bass
(Name of Husband),*	
3. Sex, and whether single,	Single
Married, or Widowed,	
4. Color,†	`
5. Age,	Years, Months, 24 Days.
Disease or Cause of Death,	Convernation of Lungo
6. Duration of Sickness, .	2 fecurs
(By whom certified, .	
7. Residence,	Feigniffe Asciss
8. Occupation,	Breitigman
9. Place of Death,	Jugarffe hass
10. Place of Birth,	11 11 2 11
11. Name of Father,	Lewell Coffins
12. Name of Mother,	Lucy Pite Colles
13. Birthplace of Father, .	South Grande
14. Birthplace of Mother, .	mestlozo
5. Place of Interment, .	Serialo Genere
Signature of Undertaker or other person making the Return,	} from h Asacher Fance
DATED at Secreta let	00, on Apr 24 1892
* If a Married Woman or Widow	

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1. Da	te of Death,	Apr 24, -1892
2. Na	me,	Lusher Wittoon
(1	Maiden Name),* .	
(1	Name of Husband),*	7
3. Sex	a, and whether single,	Single
	arried, or Widowed,	
4. Col		
5. Age	e,	75 Years, 7 Months, 8 Days.
(Dise	ease or Cause of Death,	Sholleti
	ration of Sickness, .	14/2000
1	whom certified, .	0000
,	idence,	Dout low Show
	supation,	Refret from Pour
	ce of Death,	Sothlord Qu
	ce of Birth,	Subsenal
	me of Father,	Eseche Withon
	ne of Mother,	Buth Ettin A. H
		6118 an NA
	hplace of Father, .	
	hplace of Mother,.	Sherton Offiness
io. Plac	ee of Interment, .	The Do
	ature of Undertaker	11/12 Hacker act
	other person making Return,	
DATED a	t South	010 , on Apr 26 1892
* If a Mar	rried Woman or Widow.	o. (I.) Indian. If of other Races, specify what.
		particular to fill all Blanks.]

RETURN OF A DEATH.

	Willow Die Double Cocallogi
1. Date of Death,	Ahr-29-1892
2. Name,	Epkram H Chemberlan
(Maiden Name),* .	
(Name of Husband),*	0-0
3. Sex, and whether single,	Single
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Merrico Problection
6. Duration of Sickness, .	Stirce Mello
(By whom certified,	0 000
7. Residence,	Dock Low Mass
8. Occupation,	Jarmes
9. Place of Death,	OCUSALORO
10. Place of Birth,	HA STATE
11. Name of Father,	John Cheinterles
12. Name of Mother,	Frech Seif
3. Birthplace of Father, .	ALLTHE COO
4. Birthplace of Mother, .	up cross A
5. Place of Interment,	Scuttles Mass
Signature of Undertaker or other person making the Return,	Mh Machertad
DATED at Secriff	07, on Apr 30 1892
* If a Married Woman or Widow.	

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

Section 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

Section 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Attest:

Blank to be used in compliance with the foregoing.

Copy of the Record of a

recorded in the books of the during the month of 1. Date of Death. . 2. Name, (Maiden Name), . (Name of Husband), 3. Sex, and whether single. Married, or Widowed, 4. Color, 5. Age, . . Months. Disease or Cause of Death, Duration of Sickness, By whom certified ... 7. Residence. . . 8. Occupation, . . 9. Place of Death, . 10. Place of Birth, . 11. Name of Father. 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, I certify that the foregoing is a true copy.

20

RETURN OF A DEATH.

1.	Date of Death,	May 15/892
2.	Name,	Many Prien
	(Maiden Name),* .	
	(Name of Husband),*	V
3.	Sex, and whether single,	J
	Married, or Widowed,	M
4.	Color,†	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	9 days at Hospital
	By whom certified, .	Ellesh L. Kesth M. D.
7.	Residence,	Douthboro
8.	Occupation,	
9.	Place of Death,	Trestoso'
10.	Place of Birth,	Ireland
11.	Name of Father,	Thomas M. Mahon
12.	Name of Mother,	Oligabeth Morrissey
13.	Birthplace of Father, .	greeana ()
14.	Birthplace of Mother, .	AA 11
15.	Place of Interment, .	by attest
	Signature of Undertaker or other person making the Return,	John Chase Hown Clerk
DAT	red at	, on18 .

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	May 19 to 18 92.
2.	Name,	John A. Bichards
	(Maiden Name),* .	U = Z
	_(Name of Husband),*	
3.	Sex, and whether single,	Male & Immarried
	Married, or Widowed,	
4.	Color,†	
5.	Age,	75 Years, 7 Months, 3 Days.
	Disease or Cause of Death,	
6.	Duration of Sickness, .	4 Morellas
	(By whom certified, .	
7.	Residence,	gonth toro
8.	Occupation,	Farmer
9.	Place of Death,	'tayville
10.	Place of Birth,	Tolephoro.
11.	Name of Father,	E & Brehards
12.	Name of Mother,	Naney Rosehards
13.	Birthplace of Father, .	J.
14.	Birthplace of Mother,.	
15.	Place of Interment, .	Touth (so.
	Signature of Undertaker or other person making the Return,	
DAT	red at	, on nang, 26 189.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

20

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Inces -31-1892
2. Name,	Ida & Bryag
(Maiden Name),* .	" Mackey
(Name of Husband),*	Lyocom Bruce
3. Sex, and whether single,	
Married, or Widowed,	massied .
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Consumption
6. Duration of Sickness, .	1 fear 6 months
(By whom certified, .	
7. Residence,	Tafatte Mass
8. Occupation,	House Mits
9. Place of Death,	Jagustle Scattler
10. Place of Birth,	
1. Name of Father,	Hyndrick Mayter
2. Name of Mother,	3 chard bigtter
3. Birthplace of Father, .	grafion Mass
4. Birthplace of Mother, .	med well
5. Place of Interment, .	MESTUDIO Mass
Signature of Undertaker or other person making the Return,	} for merchantenel
DATED at Safer HE	, on Mey -3/ 18 9.2
* If a Married Woman or Widow	V

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

1. Date of Death,	dring 17.
	The line to foothing
2. Name,	Blile & Bus The
(Maiden Name),* .	De la la commentante
(Name of Husband),*	Legum Vigun
3. Sex, and whether single,	
Married, or Widowed,	Marred
4. Color,†	72
5. Age,	Years, 3 Months, Days.
(Disease or Cause of Death,	Pertendess
6. Duration of Sickness, .	o fow glays
By whom certified, .	De Proestion
7. Residence,	Southburg
8. Occupation,	Home Kuper
9. Place of Death,	of For the wie
10. Place of Birth,	Weithor
11. Name of Father,	Nother Bunton
12. Name of Mother,	may Bughton
13. Birthplace of Father, .	Hacken her
14. Birthplace of Mother, .	mut tonor
15. Place of Interment,	Couthbord
13. Frace of Interment, .	A second
Signature of Undertaker	1 Henry Newton
or other person making the Return,	5
- Port	blord, on June 19. 1892
DATED at OULL	11 Tel, on JANE 1. 18 9 2
* If a Married Woman or Widow.	(I) Indian. If of other Races, specify what,

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	949 -11-1892 D
2. Name,	O Schnie Alitareth
(Maiden Name),* .	u Deff off
(Name of Husband),*	Samuel Hit With
3. Sex, and whether single,	<i>f</i> ,
Married, or Widowed,	Bid ewed
4. Color,†	
5. Age,	Years, S Months, Days.
Disease or Cause of Death,	Otel agg & sagrifice
6. Duration of Sickness, .	18 months
(By whom certified,	250. 10. 13 ully feld (MI)
7. Residence,	Jay Te Doutto
8. Occupation,	Peline Eache
9. Place of Death,	Jelzvitte Meiss
10. Place of Birth,	Bellie III
11. Name of Father,	Poents man d'estroff
12. Name of Mother,	affroith felly
13. Birthplace of Father, .	Tieg mond III
14. Birthplace of Mother, .	Has the fall of
15. Place of Interment, .	Sisten a cronesier
Signature of Undertaker or other person making the Return,	} Jamp Macfurtemel
DATED at Jeifvill	e, on July -11 1892
TA ME IN THE TAXABLE PROPERTY.	

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

23

RETURN OF A DEATH.

	The state of the s
1. Date of Death,	947-15-1892
2. Name,	1 Effer 1che
(Maiden Name),*	- Meinen
(Name of Husband),	Henry I Pespe
3. Sex, and whether single	,
Married, or Widowed	, Melsartel
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death	, Stem Fearer
6. Duration of Sickness,	S granges
By whom certified,	
7. Residence,	South to mass
8. Occupation,	Domestio
9. Place of Death,	SANTEND PAGES
10. Place of Birth,	EUSONE
11. Name of Father,	Them/ maker
12. Name of Mother, .	123019.1 ₀ 14 14
13. Birthplace of Father,	Eusthe
14. Birthplace of Mother,	11
15. Place of Interment,	South tino
Signature of Undertaker or other person making the Return,	
DATED at SULF	120, on 801/2 /5 189.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	July 15 1892
2. Name,	Marian A Niehols
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Gallahing Contumption
6. Duration of Sickness, .	3/2 months
By whom certified, .	Dr Butterfield
7. Residence,	· Jouthbow
8. Occupation,	
9. Place of Death,	Southboro Mass
10. Place of Birth,	Brookfield Mars
11. Name of Father,	Austin So, Nachouls
12. Name of Mother,	Josephine Bond
13. Birthplace of Father, .	Brookfield Mears
14. Birthplace of Mother, .	Sturbridge Mars
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at Souths	ord, on July 16 18 92.
TY: 1	// .

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

	11 / 1 / 1 / 1 / 1 / 1 / 1 / 1
1. Date of Death,	July 27 (892.
2. Name,	Yatrick Gulforl
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	male
4. Color, †	While
5. Age,	Years, Months Days.
Disease or Cause of Death,	Cholera Infantin
6. Duration of Sickness, .	Lux days
By whom certified,	J. Z. Corey
7. Residence,	Southbort
8. Place of Death,	Southborn
9. Occupation,	9
10. Place of Birth,	Southboro
11. Name of Father,	Eglick Gulfort
12. Name of Mother,	Cathrine Beatly
13. Birthplace of Father, .	New Brunswick
14. Birthplace of Mother, .	New Bruswick
15. Place of Interment,	Hop Kunton
Signature of Undertaker or other person making the Return,	}
DATED at South & 970	, on July 27 1892
	· · · · · · · · · · · · · · · · · · ·

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Massachusetts.

No. 7/9

RETURN OF A DEATH.

	TO DIO OTOTIL OF DIS	and that are thanked below as officer of other order.
1.	Date of Death,	paly 29th 1892
2.	Name,	Aubery W Stivers
	(Maiden Name),* .	0
	(Name of Husband),*	
3.	Sex, and whether single,	male Lingle
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, 4 Months, 10 Days. 18
,	(Disease or Cause of Death,	Conjection of the Bronacle tubes
6.	Duration of Sickness,.	6 days
	(By whom certified, .	& Coulver Walker
7.	Residence,	forshbord
8.	Occupation,	
9.	Place of Death,	Southborn
10.	Place of Birth,	King & County Nova Scotia
11.	Name of Father,	William y Stevers
12.	Name of Mother,	Aannie V Itivers
13.	Birthplace of Father, .	Kings Go" Nova Sestia
14.	Birthplace of Mother,.	" " " " " " " " " " " " " " " " " " " "
15.	Place of Interment, .	Southborn
	Signature of Undertaker or other person making the Return,	} Henry Newton
Da	TED at Forth	bors, on July 30 1892
*]	If a Married Woman or Widow.	

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Date and Place of Death, -Disease or Cause of Death, -I certify that the above is true, to the best of my/knowledge and belief. Name and Residence of Certifying Physician..... Date of Certificate, * Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	July 29 1892
2. Name,	6 va May Glivers
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Female
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days. 29
Disease or Cause of Death,	Puneumonia
6. Duration of Sickness,.	5 days
By whom certified, .	A Coulier Walker
7. Residence,	Jonath Lord
8. Occupation,	
9. Place of Death,	Southborn
10. Place of Birth,	Southboro
11. Name of Father,	William y Stevers
12. Name of Mother,	Annie V Stroves
13. Birthplace of Father, .	Kings County Nova Scotia
14. Birthplace of Mother, .	N 4 4 4
15. Place of Interment, .	Southborn
Signature of Undertaker or other person making the Return,	} Henry Newton
DATED at South	ve , on July 30 189.2

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Date and Place of Death, -	Eva Stures died at South boro Man. July 28 1892
Disease or Cause of Death, -	of Pneumonia Duration of Sickness ho weke
I certify Name and Residence of Certifying Phys	that the above is true, to the best of my knowledge and belief.
* Or Sex of Infant (not named).	Date of Certificate, Ong 1+7 1892

·No.

RETURN OF A DEATH.

1. Date of Death,	July, 3/23 /892.
2. Name,	Mairen gurmenter
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Ay
Married, or Widowed,	Madowed
4. Color,†	
5. Age,	78 Years, 5 Months, 3 Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified, .	Do B. H. Kobinson
7. Residence,	Bouthboro Mass.
8. Occupation,	Book Agent
9. Place of Death,	South love.
10. Place of Birth,	Transingham.
11. Name of Father,	Osiza o
12. Name of Mother,	Sysany
13. Birthplace of Father, .	Markfore
14. Birthplace of Mother, .	Sudlyry,
15. Place of Interment, .	Southflore.
	× 10
Signature of Undertaker or other person making the Return,	Mensy Newton
DATED at South	vso, on July 31 18 9.
	1

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No...

RETURN OF A DEATH.

1. Date of Death,	Detel Aug - 6-1892
2. Name,	Susan Mittiams
(Maiden Name),* .	1120 11 6092
(Name of Husband),*	Man Wettierns
3. Sex, and whether single,	
Married, or Widowed,	(Bairrel
4. Color,†	
5. Age,	3 Years, Months, 2 Days.
Disease or Cause of Death,	Heart Justeine
6. Duration of Sickness, .	3 114/2
By whom certified, .	7 ()
7. Residence,	Douthtono,
8. Occupation,	Herese Wife
9. Place of Death,	Secure town
10. Place of Birth,	marieryte the
11. Name of Father,	march Carr
12. Name of Mother,	mersy mogre E-
13. Birthplace of Father, .	Count mit me
14. Birthplace of Mother, .	nestetien be
15. Place of Interment, .	SCHALENC
Signature of Undertaker or other person making the Return,	} Many Bewerter
DATED at SCUTA	6000, on Aug - 6 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Date and Place of Death, Disease or Cause of Death, -I certify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician Date of Certificate,

^{*} Or Sex of Infant (not named).

-		
1.	Date of Death,	Aug-15-1892
2.	Name,	Vertience // enjen
	(Maiden Name),* .	
	(Name of Husband),*	(-)
3.	Sex, and whether single,	Single
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	(general)
6.	Duration of Sickness,.	A. Mesylas
	By whom certified, .	FIE CARRINGEN
7.	Residence,	Televille
8.	Occupation,	o cemsines
9.	Place of Death,	- GS 77. 50 (10488)
10.	Place of Birth,	Aguit Joo , 4 11
11.	Name of Father,	Tynooln follow
12.	Name of Mother,	Annel Mellen -
13.	Birthplace of Father, .	Southon mass
14.	Birthplace of Mother,.	11 11 11 11 11
15.	Place of Interment, .	10001
	Signature of Undertaker or other person making the Return,] MARANGER
Da	red at South	1000, on 466 16 189.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,* Date and Place of Death, - Disease or Cause of Death, -	died at South borri , Ang. 15th 1849, of Camern Duration of Sickness & months
I certify Name and Residence of Certifying Phys. * Or Sex of Infant (not named).	that the above is true, to the best of my knowledge and belief. Date of Certificate, And Continued in 1893.

RETURN OF A DEATH.

1.	Date of Death,	August 18-92
2.	Name,	Donald J. Lowrie
	(Maiden Name),* .	
	(Name of Husband),*	7
3.	Sex, and whether single,	Prate
	Married, or Widowed,	
4.	Color,†	white
5.	Age,	Years, Months, /4Days.
	Disease or Cause of Death,	Cholera infantim
6.	Duration of Sickness, .	Jone with
	(By whom certified, .	Dr Bradley
7.	Residence,	Hes Chord Touthbor
8.	Occupation,	
9.	Place of Death,	0 101
10.	Place of Birth,	Southboro
11.	Name of Father,	Lonald J. Loevre
12.	Name of Mother,	Margaret Lower
13.	Birthplace of Father, .	Northful . Cong.
14.	Birthplace of Mother,.	Brookline Mas,
15.	Place of Interment, .	Holyhood cemely
	Signature of Undertaker or other person making the Return,	} Henry Merlon .
DAT	TED at Smill for	, on ary 19 189.2.

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. D	ate of Death,	Growni Remelli
2. N	ame,	
	(Maiden Name),* .	
	(Name of Husband),*	
3. Se	ex, and whether single,	
	Married, or Widowed,	
4. C	olor,†	
5. A	ge,	Years, 6 Months, Days.
(Di	sease or Cause of Death,	
6. D	uration of Sickness,.	Deptuno,
(B	y whom certified, .	
7. R	esidence,	Southon Jayville
8. 0	ecupation,	
9. P	lace of Death,	4
10. P	ace of Birth,	Framughon Mine
11. N	ame of Father,	Julius
12. N	ame of Mother,	Charlotto (Macerni
13. Bi	irthplace of Father, .	Italy
14. Bi	irthplace of Mother,.	()
15. P	ace of Interment, .	Maningham
Si	gnature of Undertaker	1. 8 32
0	or other person making he Return,	(a) croaming
DATE	at South &	, on Aug 28 189.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,*	John Pomseli
Date and Place of Death, -	died at Fay ville Augens. 27 1892.
Disease or Cause of Death, -	of Deptetrisa Duration of Sickness Mrs days
I certify Name and Residence of Certifying Phy	that the above is true, to the best of my knowledge and belief. Suis A. Pig Elow
	Date of Certificate, august 285 1892.

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	Aug 29-1892
2. Name,	Archie F Jennesch
(Maiden Name),* .	
(Name of Husband),*	Singre
3. Sex, and whether single,	4
Married, or Widowed,	
4. Color,†	
5. Age,	14 Years, 3 Months, 14 Days.
Disease or Cause of Death,	Julbel & Cars
6. Duration of Sickness, .	
(By whom certified, .	The state of the s
7. Residence,	Morcester Ings
8. Occupation,	Gundmith
9. Place of Death,	Gordewitte Mass
10. Place of Birth,	Gast posten
11. Name of Father,	Jehn M. Jameson
12. Name of Mother,	Burch At Misson
13. Birthplace of Father, .	Dertmierk // Val
14. Birthplace of Mother, .	Miland Stychn
15. Place of Interment, .	South Vero mass
Signature of Undertaker or other person making the Return,	In Deofer Panel
DATED at SCREEN CO	120 , on Acy -30 1899

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	Seff-26-1892
2. Name,	Julione Thurfen
(Maiden Name),* .	
(Name of Husband),*	, , , , , , , , , , , , , , , , , , ,
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	9) ichearie
6. Duration of Sickness, .	Stree MERKS
(By whom certified, .	A A
7. Residence,	Southertte
8. Occupation,	
9. Place of Death,	Section .
10. Place of Birth,	-11
11. Name of Father,	John My Hon
12. Name of Mother,	19 Pro Busne
13. Birthplace of Father, .	Is ereind
14. Birthplace of Mother, .	
15. Place of Interment, .	Heftemler
Signature of Undertaker or other person making the Return,	In merchanterna
DATED at SOUTH 257	Pe , on Sept -26 18/2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,* Kattl mulle
8, -11,1-2 8,1.190
Date and Place of Death, - died at Student and 189.7
Disease or Cause of Death, - of Manual Duration of Sickness
I certify that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Physician 4. M Authorited Chind
Date of Certificate, Syd 27 180.
* Or Sex of Infant (not named).

No. not

RETURN OF A DEATH.

	2 11 . 2
1. Date of Death,	Sept 26 1872
2. Name,	SEECONON TO MOUSON
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	A. 9.
Married, or Widowed,	Midoner
4. Color,†	
5. Age,	Years, Months, Days.
(Disease or Cause of Death,	13910 PH 98 8 76
6. Duration of Sickness, .	y ments
(By whom certified, .	9 600
7. Residence,	Deuthlew/ness
8. Occupation,	Glergmen
9. Place of Death,	Acception from
10. Place of Birth,	Liserraffel mome
11. Name of Father,	LOS M. H. CHELLER J. D. C. D.
12. Name of Mother,	JULIAT SALLA
13. Birthplace of Father, .	15,700 MELO MIL
14. Birthplace of Mother,.	files
15. Place of Interment, .	Southow Show
Signature of Undertaker or other person making the Return,	} Mm/2 Hagher Poul
DATED at SOUS	100, on Sept 27 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

eat the date conteq out dade to	The first of the second of the
Name of Deceased,*	Manau . Manon
Date and Place of Death, -	died at Varyville Mars., Rept 26 1892
Disease or Cause of Death, -	of Bygth Disease Duration of Sickness Que year
his a chanted of being brought	1/the Kidneys.
I certify	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Phy.	O. C. backer
ivame and Kestaence of Certifying I hy.	01100
	Date of Certificate, 1879
* Or Sex of Infant (not named).	

	Archie Pa
Name of Deceased,*	Sverice of Jameson.
Date and Place of Death, -	died at Douthborough Mass, Aug. 29, 1892
Disease or Cause of Death, -	of Killed on the Duration of Sickness instant
I certify Name and Residence of Certifying P	by that the above is true, to the best of my knowledge and belief. Morthboro Mass, Physician, Devel M. Morthboro Mass, Part of Certificate, Aug 308h 1897
*Or Sex of Infant (not nan	ned).

Commonwealth of Massachusetts. RETURN OF A DEATH.

1. Date of Death,	SPht-27,-1892
2. Name,	Myn & Marien
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	0
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	Shill HARA
By whom certified, .	no Dorton
7. Residence,	S011540516
8. Occupation,	
9. Place of Death,	O CHARLA THE
10. Place of Birth,	4 11 11
11. Name of Father,	James Worken
12. Name of Mother,	Mora Heery
13. Birthplace of Father, .	Jartanel 1
14. Birthplace of Mother, .	Hi H
15. Place of Interment, .	JA CLA TOTAL JAN COSS
Signature of Undertaker or other person making the Return,] Mr Obachis Red
DATED at SULIFI	1512, on Sept-2) 18 92

^{*} If a Married Woman or Widow. \dagger If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	1100-1-1892
2. Name,	mamie Sewler Gistyn
(Maiden Name),* .	1. Newhort
(Name of Husband),*	Seo Jestyn
3. Sex, and whether single,	
Married, or Widowed,	As einried
4. Color,†	
5. Age,	Years, Months, 22 Days.
(Disease or Cause of Death,	Heart Genture
6. Duration of Sickness, .	Shire Mitteles
(By whom certified, .	12 6 Mather
7. Residence,	South Leto mass
8. Occupation,	Constic
9. Place of Death,	Southbyo mass
10. Place of Birth,	Firentelin ,
11. Name of Father,	Chas H Meuton
12. Name of Mother,	Aletten in Butteviel
13. Birthplace of Father, .	Southborn poss
14. Birthplace of Mother,.	Frantifin a
15. Place of Interment,	Southous
Signature of Undertaker or other person making the Return,	} Spent Bacherland
DATED at SCUTHIC	50, on Nov-/ 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

	1 P1 - 2 - 1 W 1
Name of Deceased,*	Mary Elizabeth Joellyn
Date and Place of Death,	died at South Berough Sness 100/3/18792
Disease or Cause of Death,	of HEart Loilors; Duration of Sickness Thewwikes
	Cover from Toesfural fevers
I certi	fy that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying P.	hysician TCHORES
	Date of Certificate, Soul 1819 2

^{*} Or Sex of Infant (not named).

on which the person duck, and the	L COM ANY
Name of Deceased,*	Mary Masoloth / occupi
Date and Place of Death, -	died at Southber dugh thess 6073/1872
Disease or Cause of Death, -	of Heart Pailuli, Buration of Sickness Phrin wiek
I she Corplicate of the Cause of the sad placed in the legals of sald	Causel from Forefiel Lever
I certify	that the above is true, to the best of my knowledge and belief
Name and Residence of Certifying Phys	Y Challer
wame and Residence of Certifying I hys	
	Date of Certificate, Lever 1879

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

	m a land
1. Date of Death,	110 -2 1879
2. Name,	Sto St gostin to
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	3
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	0 1 1
6. Duration of Sickness, .	Ingel Meghs
(By whom certified,	4 6 Matter
7. Residence,	0 1
8. Occupation,	g GAP
9. Place of Death,	SUTAVERO MUSS
10. Place of Birth,	La partie de la companya della compa
11. Name of Father,	Life Gestfu
12. Name of Mother,	manise Meuten
13. Birthplace of Father, .	Banger me
14. Birthplace of Mother, .	Sweptetin heiss
15. Place of Interment, .	SINGTUO A.
Signature of Undertaker	Jam Pr Angely Land
or other person making the Return,	} // Cocceeneme
DATED at SCUPP	Porce, on 102-2 189.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,*	Timos	allert	Vo celesu	Auditorine Romani Consile etale de adelo
Date and Place of Death, -	ched at Dow	thos M	and Nov.	9_1892_
Disease or Cause of Death, -	of Septie for	NOUM Duratio	on of Sickness &N	ie treek
bine to change all in thouse from the			desined, whom the Physic	mad čed-slesovi
es pai expert place pai es in an inclui- co per est place pai es in an inclui-cas	that the above is true,	to the best of my knowled	edge and belief.	
Name and Residence of Certifying Phy	sician		71-1 2	4
	The same of the sa	Date of Certificate,	100 1	1899

^{*} Or Sex of Infant (not named).

No. 3 9

RETURN OF A DEATH.

1. Date of Death,	100-19-1892
2. Name,	more north
(Maiden Name),* .	11 1/2 JAN 120 120
(Name of Husband),*	gornelfe Dorton
3. Sex, and whether single,	
· Married, or Widowed,	(12000) 25 C CL
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	1 HOUSE
(By whom certified, .	9 600
7. Residence,	DUITE DEALLY MICH
8. Occupation,	grange mye
9. Place of Death,	301771011
10. Place of Birth,	ill the state of t
11. Name of Father,	17m Janaelle
12. Name of Mother,	130/122 Menters
13. Birthplace of Father, .	En Gleral
14. Birthplace of Mother, .	SULTE COLD
15. Place of Interment, .	11 11
Signature of Undertaker or other person making the Return,	Mr Deaghte
DATED at A	020, on 1 2 20 18 5 2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . News	On athan Works
	(180-11 1914 S. F M M.
Date and Place of Death,	Oron I Souri Dara, Mass
or Cause First or Primary, Probate	Duration of,
of Death, Secondary,	Duration of,
ty Dunis, (Alban Emple one has	
I certify that the above is	a true Return, to the best of my recollection and belief.
Name, Professional Title, and Residence,	9 Trany Robinson In 20
	Dated at Son To Good Mass. Nov. 26th 1899
	Dutte at the same and the same at the same

RETURN OF A DEATH.

1.	Date of Death,	105-24-6892
2.	Name,	In histour
	(Maiden Name),* .	
-	(Name of Husband),*	1
3.	Sex, and whether single,	//22 -42 5 2 - 1
	Married, or Widowed,	menned
4.	Color,† · · · · ·	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	HEONT TENTENIE
6.	Duration of Sickness, .	7 45000
	By whom certified,	O SPP Maria
7.	Residence,	200111000 GIGODO
8.	Occupation,	leline sen
9.	Place of Death,	BOUTE COIL
10.	Place of Birth,	and the Darke
11.	Name of Father,	coegn follow
12.	Name of Mother,	RUTE CITY
13.	Birthplace of Father, .	NY
14.	Birthplace of Mother,.	040 40
15.	Place of Interment, .	STIETTEN
	Signature of Undertaker	mn Mayer -a
	or other person making the Return,	80 00
DA	red at South	toro, on Ma 2/ 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,*	William	P. Willson
Date and Place of Death, -	died at Jouthb	rough, November 20th 1892.
Disease or Cause of Death, -	of Toftening of	the Brain, Duration of Sickness 3 years.
I certify	that the above is true, to	the best of my knowledge and belief.
Name and Residence of Certifying Physician Albert H. Blanchard, M. Dy Therborn		
	onitya ett ferour itoja unione	Date of Certificate, Therbon, Mass, Nov. 211, 1892.

^{*} Or Sex of Infant (not named).

No. U

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1.	Date of Death,	Nov. 22ª 1892,
2.	Name,	# Eddie Adamo
	(Maiden Name),*	
	(Name of Hysband),*	
3.	Sex, and whether single,	mal
	Married, or Widowed,	#
4.	Color,†	While Breeshed only few times
5.	Age,	O Years, O Months, Days.
	Disease or Cause of Death,	Cranolomy.
6.		no duation
		Gardner C. Peires M.D.
7.	Residence,	Southbare
8.	Occupation,	#
9.	Place of Death,	Portaboro,
10.	Place of Birth,	Porthbaro
11.	Name of Father,	Ernest D. Adams;
12.	Name of Mother,	halled Adams Douriter
13.	Birthplace of Father, .	Waldobaro ME.
14.	Birthplace of Mother, .	Googester Mass,
15.	Place of Interment, .	gouth (cro u
	Signature of Undertaker or other person making the Return,	M. Mayforted
DAT	ED at Buickate	70, on 10-23 189.2

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. UV

RETURN OF A DEATH.

	o rown in which the Death occurred.
1. Date of Death,	Dec 9 1840
2. Name,	men Nezine
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), 6. Duration of Sickness,	Chifel Burt
(By whom certified,	
7. Residence,	South toro Spin
8. Occupation,	1
9. Place of I eath,	Southform
10. Place of Birth,	4
11. Name of Father,	Henry Firmel
12. Name of Mother,	Autor Liters
(Maiden Name), 13. Birthplace of Father, .	(Canada)
4. Birthplace of Mother, .	11 11 11
5. Place of Interment, .	Hosk mly
Signature of Undertaker or other person making the Return,) DA Mayere
DATED at Second	on 100-11 1899

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	mes Bullen
Pate and Place of Death, -	died at Druthtono Der 18 2.
ease or Cause of Death, -	of Parulysia Duration of Sickness
I certify Name and Residence of Certifying Phy	that the above is true, to the best of my knowledge and belief.
	Date of Certificate, D. 15 1897.

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1.	Date of Death,	De0:-/3 -/899
2.	Name,	mors St Butters
	(Maiden Name),*	11 Smith
	(Name of Husband),*	Atrian Buttens
3.	Sex, and whether single,	An man
	Married, or Widowed,	My Cleave Ch
4.	Color,†	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	Turnetic specia
6.	Duration of Sickness, .	STRIGO
	(By w om certified,	O CAPAN ADVINO
7.	Residence,	SUUTALOW CHESS
8.	Occupation,	Helis Freezes
9.	Place of Death,	Dellity Dill meiss
10.	Place of Birth,	Chechology on the
11.	Name of Father,	St Cipel B Sonie
12.	Name of Mother,	Hansich Musicans
13.	Birthplace of Father, .	Decharan " "
14.	Birthplace of Mother,.	11 1 to the About as
15.	Place of Interment, .	JULY CALLED
	Signature of Undertaker or other person making the Return,	In Mayferter
DAT	red at South	185.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1.	Date of Death,	Den -19-1873	
2.	Name,	Thomas Gooles Gr	
	(Maiden Name),* .		
	(Name of Husband),*	<u> </u>	
3.	Sex, and whether single,	Simple	
	Married, or Widowed,		
4.	Color,†		
5.	Age,	Years, Months, Days.	
	Disease or Cause of Death,	Juffeel & Ceys	
6.	Duration of Sickness, .		
	By whom certified, .	Che genete	
7.	Residence,	Edday Pe Dugss	
8.	Occupation,	Dearnbly 1 Cm	
9.	Place of Death,	Cadaritte Beathard	
10.	Place of Birth,	Ment west arm Helitar	
11.	Name of Father,	Thornes furter	
12.	Name of Mother,	Certagrie Commen	
13.	Birthplace of Father, .	Inetand)	
14.	Birthplace of Mother, .	Harifay Bell	
15.	Place of Interment, .	u fe u f	
	Signature of Undertaker or other person making the Return,	} Monte Harfer Formel	
DAT	ED at SUUA	berto, on Jel11 18 1893	
* If a Married Woman or Widow.			

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

If the deceased was a soldier or sa for who served in the war of the rebellion, give bot the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*	Thomas Dooley from nova Scotia, Age, About 30 years
	Soft to form 110.
Date and Place of Death, -	died at South vorviegn Muss Jan. 17 18 93
Disease or Cause of Death, -	A Killed on Kailroad, Duration of Skikness.
I certify	y that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Ph	hysician, Wency A: Jewett M.S., Mich Examplines Fifth Sist Morasta Co.
illim information or to the de-	Date of Certificate, January 17th 1893 .
*Or Sex of Infant (not nam	[May, 1888.]

Merthborough Jan, 17, 93

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

	FIIOIOIAIRO OLIVIII IOAILI			
CORDAVILLE.	ge, of Halifax, N. S., an the Boston water works, killed, and the sleigh in d by being struck by the press, at what is known as The horse escaped injury.		& Killed on Rail-Duration of Siteness	t 32 yrs
	On Tuesda 30 years of employee of was instantly which he was kindling woo New York ex Milan's crossi x ville station.	I certify f Certifying Ph Infant (not name	Date of Certificate, January 18	

RETURN OF A DEATH.

1. Date of Death,	January 30 0 1893	
2. Name,	Frances Fishe Ridde	
(Maiden Name),* .		
(Name of Husband),*		
3. Sex, and whether single,	france	
Married, or Widowed,		
4. Color,†	White	
5. Age,	Years, 2 Months, 3 Days.	
Disease or Cause of Death, (Primary and Secondary), ‡	Trukum	
6. Duration of Sickness, .	<u> </u>	
(By whom certified,	Dr Kopinson	
7. Residence,	Juston	
8. Occupation,		
9. Place of Death,	21	
10. Place of Birth,		
11. Name of Father,	Charles a Kiddle	
12. Name of Mother,	Juppin B. Kidder	
(Maiden Name), 13. Birthplace of Father, .	Boshin	
4. Birthplace of Mother, .	"	
5. Place of Interment, .	Cam bridge	
Signature of Undertaker or other person making the Return,	Person. Buutt	
DATED at Smitten	, on Trh 2 00 18 9.3	
* If a Married Woman or Widow, + If a Soldier who sayed in the War of the Rebellion		

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	San Planers Michel	1892
ise, First or Primary,		Duration of,* Duration of,
I certify that to Name, Professional Title, and Residence,	Dated at	y recollection and belief. Southern Mas 1893

[[]Be very particular to fill all Blanks.]

^{*} Reckoned to the time of death.

RETURN OF A DEATH.

1. D:	ate of Death,	Fiel 3, 1893		
2. N	ame,	Olizebeth He Ockington		
((Maiden Name),* .	" Pany		
((Name of Husband),*	Mallion Ockington		
3. Se	x, and whether single,	Fleurale		
1	Married, or Widowed,	Midan		
4. Co	olor,†			
5. Aş	ge,	73 Years, Months, Days.		
(Di	sease or Cause of Death,	Hear Failing		
6. D	uration of Sickness, .	0.00		
By	whom certified, .	With Voulle Juld he		
7. Re	esidence,	Jest Carrot Mous		
8. 00	ecupation,	- A		
9. Pl	ace of Death,	Denetiboro .		
10. Pla	ace of Birth,	Ashlund		
11. Na	me of Father,	Millian Perry		
2. Na	me of Mother,	Betsty Greenelodad		
13. Bin	rthplace of Father, .	ankan		
4. Bir	ethplace of Mother, .	77		
5. Pla	ace of Interment, .	Habburd mas		
01	mature of Undertaker other person making e Return,	} Cales Holbroom		
DATED	at South town	, on That 4 189.3		
* IC M SHIP WY				

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	Baroh - 3 - 1873
2. Name,	Il ella C M Gel Than S
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	0191616
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	CONDENDA / 3/102 4 / 1/2016
6. Duration of Sickness, .	G MENTA
By whom certified, .	
7. Residence,	South and the second
8. Occupation,	12011200 30000
9. Place of Death,	JU115,2711
10. Place of Birth,	Hon finier Ducino
11. Name of Father,	A Comment of the State of the S
12. Name of Mother,	I CHITECHT ME DUMENT
13. Birthplace of Father, .	43e Parel
14. Birthplace of Mother, .	A LA
15. Place of Interment, .	HOSTEDNIED UNE
Signature of Undertaker or other person making the Return,	
DATED at	2/16, on Ancist 18.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

e of Deceased,* - - - and Flace of Death, - died at South In Fug. 14 1893,
use or Cause of Death, - of remulgia & heart Duration of Sickness two days

I certify that the above is true, to the best of my knowledge and belief.

We and Residence of Certifying Physician A.M. Bullu Field May 1

SZ.A. V-

Date of Certificate, 7000 13

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1.	Date of Death,	fel-12 -1893
2.	Name,	Home in fertalea
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	Heart farture
6.	Duration of Sickness, .	24.4000
	By whom certified, .	000
7.	Residence,	serifiette Occiler
8.	Occupation,	School Grit
9.	Place of Death,	Seriffingth in
10.	Place of Birth,	Jarriffe Southton
11.	Name of Father,	George Tellagelege
12.	Name of Mother,	Heimach Breek
13.	Birthplace of Father, .	New tests
14.	Birthplace of Mother, .	Thestero Dags
15.	Place of Interment, .	Mesters in
	Signature of Undertaker or other person making the Return,) Mr. Dayforte a
DAT	ed at Secondar	He, on tel-12/ 18 9. 3

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1.	Date of Death,	Marcol 6 1898
2.	Name,	Effen Greentfa
	(Maiden Name),* .	" hobinses
	(Name of Husband),*	John & Herrite
3.	Sex, and whether single,	
	Married, or Widowed,	Markenred
4	Color,†	
	Age,	10 v 19 19 19
0.		Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,.	Q-Leava .
	By whom certified,	
7.	Residence,	merchiao of one
8.	Occupation,	1) 3 dref
	Place of Death,	200186000
10.	Place of Birth,	merchice fort me
11.	Name of Father,	Golfin Rellinger
12.	Name of Mother,	mary Busno Lot.
13.	(Maiden Name), Birthplace of Father, .	machian jest my
14.	Birthplace of Mother,.	
15.	Place of Interment, .	A) controll Alocald
	Signature of Undertaker or other person making the Return,	3 MM Margarted
DAT	ED at Seriff	on Operch-6 189.8

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1. Date of Death,	march, 14th 1893
2. Name,	Cordeling Stoddard
(Maiden Name),* .	Cordolia Martirell
(Name of Husband),*	Alpheus Stoddard
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	66 Years, 10 Months, 25 Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness,.	1
By whom certified, .	A A A A
7. Residence,	Southborough Mass
8. Occupation,	
9. Place of Death,	Southborough, Mass.
10. Place of Birth,	Stewark O Vegnort
11. Name of Father,	Philemon Cartwell
12. Name of Mother,	Sally Ball
(Maiden Name), 13. Birthplace of Father, .	Guthrey Vermont
14. Birthplace of Mother, .	
15. Place of Interment, .	South on,
Signature of Undertaker or other person making the Return,	Chas. S. Dinin
DATED at South to	7, on Manh, 17th 1893

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Massachusetts. RETURN OF A DEATH.

1.	Date of Death,	march - 22 /893
2.	Name,	Ann & Henren
	(Maiden Name),* .	1 Jemenel
	(Name of Husband),*	Harry J. Manthy
3.	Sex, and whether single,	7
	Married, or Widowed,	Marsiece
4.	Color,† · · · ·	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	3. alapa
	By whom certified, .	A P A A A A
7.	Residence,	BUHLOW,
8.	Occupation,	Berret Felche
9.	Place of Death,	Souther I C Shirt They
10.	Place of Birth,	Patrick and I had all a said of
11.	Name of Father,	Cant, Richard Same
12.	Name of Mother,	1884 OCK PRIMINE
13.	(Maiden Name), Birthplace of Father, .	119775 am 11/11 0180
	Birthplace of Mother, .	Sherter miciss
15.	Place of Interment, .	SOUTH FORO OF W
•	Signature of Undertaker or other person making the Return,	In Marifatand
DA	TED at 8	m, on Man 22 1893

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No	•		1	h	
			V	V	_

RETURN OF A DEATH.

	Date of Death,	Apr-28-1893
2.	Name,	JENCINED WOLLS
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	JOI GENERAL
4.	Color,†	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	Heast feature
6.	Duration of Sickness, .	5 Men Por
	By whom certified, .	7
7.	Residence,	Dout HILDO
8.	Occupation,	8/21/8/1/
9.	Place of Death,	SULPHICOLD WILLS
10.	Place of Birth,	960/275 Jan 1431
11.	Name of Father,	Garres Marks
12.	Name of Mother,	V21100 1 1 tec - 1101/18
13.	Birthplace of Father, .	FEEL OF MAN (A) COS
14.	Birthplace of Mother,.	Elef Com y
15.	Place of Interment, .	DOLLY COLD OF ME
	Signature of Undertaker or other person making the Return,	3 MM Dyggree
DAT	red at	on 189.3

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	gonathan	Works.	okvad netkje/41.v.(A.	
Date and Place of Death,	OS out Em	: Mass. a	pril 28th 18	98
Disease, First or Primary,	Heart die	cux	Duration of,*	tun
of Death, Secondary,	The state of the s	sao off to multip.	Duration of,	
I certify that the above is a true Return, to the best of my recollection and belief. Name, Professional Title, and Residence, A. H. Rossiana M. D. South Coro, Mand				
	Dated at S	outhers: 6	Jul 284	18 93.
[Be very particular to fill al	l Blanks.]		* Reckoned to the time	of death.

No. / RETURN OF A DEATH.

1. Date of Death,	Jh 29 1898
2. Name,	All Cal Smith the Glad Colored Colored
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	018/-
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
(Disease or Cause of Death,	1-1316,157, 1006,84000
6. Duration of Sickness, .	La Allenda
(By whom certified, .	Dr Heller
7. Residence,	Myrology Dogo
8. Occupation,	mustren exerc
9. Place of Death,	
10. Place of Birth,	Estawa Cenada
11. Name of Father,	Wirer Latensen
12. Name of Mother,	men A Provench
13. Birthplace of Father, .	Condida
14. Birthplace of Mother, .	44 3
15. Place of Interment, .	HOCCON HELD
Signature of Undertaker or other person making the Return,	} Ith Aseroferteno
DATED at SIZIA	189. 9

^{*} If a Married Woman of Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name and Age of Deceased,*	Many Suttontains Age, 21-21
Date and Place of Death, -	died at Southon April 29 1898.
Disease or Cause of Death, - (Primary and Secondary.)† Duration of Sickness,	of Bright, Disease
	physician, Date of Certificate, Date Services Date of Certificate,

*Or Sex of Infant (not named). † If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. February, 1892. - 5,000.

RETURN OF A DEATH.

1. Date of Death,	may 25, 1898
2. Name,	medetable B. Chamberian
(Maiden Name),*	mehetable Bacon morse
(Name of Husband),*	John Chambellain
3. Sex, and whether single,	Female
Married, or Widowed,	Nidomed
4. Color,†	
5. Age,	76 Years, 3 Months, 24 Days.
Disease or Cause of Death,	Consumption
6. Duration of Sickness, .	mo and a half years
By whom certified, .	Dr. G. W. Butterfield
7. Residence,	South brough
8. Occupation,	
9. Place of Death,	forth brough
10. Place of Birth,	Needham non Wellesley
11. Name of Father,	Daniel morse /
12. Name of Mother,	mehetable Bacon
13. Birthplace of Father, .	Needham
14. Birthplace of Mother, .	Needhani
15. Place of Interment, .	Lout hough
10. Theoret into the state of t	
Signature of Undertaker or other person making the Return,	} Lama M. Conant
DATED at South	on May 27 1893

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

N. Committee of the com	
1. Date of Death,	march - 3 - 1873
2. Name,	JIEINE IN GELLIND
(Maiden Name),* .	
(Name of Husband),*	- C
3. Sex, and whether single,	0191616
Married, or Widowed,	
4. Color,†	<u>₩</u> 1.
5. Age,	Years, Months, Days.
Disease or Cause of Death,	CONSTITUTE STATE OF S
6. Duration of Sickness, .	6 40100000
By whom certified, .	
7. Residence,	Dely Helphale Land
8. Occupation,	11011200 300110
9. Place of Death,	John John John
10. Place of Birth,	Hentemien Lillion
11. Name of Father,	The first of the state of the s
12. Name of Mother,	I College to the Design
13. Birthplace of Father, .	43etanel
14. Birthplace of Mother, .	9 1 1 1 1
15. Place of Interment, .	Helinon and
Signature of Undertaker or other person making the Return,	} 11/2 91/2/5-1-0
DATED at	18.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

e of Deceased,*	annit Flandeau	
and Place of Death,	died at Southern Fug. 14	188 3
use or Cause of Death, -	of hemalgia & heart Duration of Sickness trus	day
I certify	that the above is true, to the best of my knowledge and belief.	
e and Residence of Certifying Phy.		
	Date of Certificate, Fred . 15.	1893.

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	Feb-12 -1873
2. Name,	Home In tellere
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Heart Jantiere
6. Duration of Sickness, .	34.4000
By whom certified, .	0 00 000
7. Residence,	Deuthertte Deuthe
8. Occupation,	Suhiel Grit
9. Place of Death,	Suite of the
10. Place of Birth,	Jasuffe Southters
11. Name of Father,	- Secree Seffeeleace
12. Name of Mother,	Hermerk Brack
13. Birthplace of Father, .	New forth
14. Birthplace of Mother, .	Mestline Anass
15. Place of Interment, .	Medical
Signature of Undertaker or other person making the Return,	Im Daglerte d
DATED at Secretary	He, on tel 12 18 % 3

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

No. 6 RETURN OF A DEATH.

1.	Date of Death,	Marcol 6 1898
2.	Name,	Erron Phenotra
	(Maiden Name),* .	4 Rebinses
	(Name of Husband),*	John & Herrite
3.	Sex, and whether single,	
	Married, or Widowed,	Markenred
4.	Color,†	
	Age,	Years, Months, 2 Days.
		Tettis, manufacturis, manufact
6.	Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness,.	9 LEND
0.	By whom certified,	
7	Residence,	more hand for the
		19/4/201
	Occupation,	kitalogyal he first he special second
	Place of Death,	About his last the
	Place of Birth,	0-0-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6
	Name of Father,	John Regionson
12.	Name of Mother, (Maiden Name),	If I al Good for hand I Do Lot
13.	Birthplace of Father, .	120001010 100 100 100 100 100 100 100 10
14.	Birthplace of Mother,.	11 00 11
15.	Place of Interment, .	772001000 14000 X
	Signature of Undertaker or other person making the Return,	3 MM Margarted
DAT	ED at See 971	on Oporeh-6 189.8

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	march, 14th 1893
2.	Name,	Cordeling Stoddard
	(Maiden Name),* .	Cordolia Cartirell
	(Name of Husband),*	Alpheus Stoddard
3.	Sex, and whether single,	. /
	Married, or Widowed,	
4.	Color,†	
5.	Age,	66 Years, 10 Months, 25 Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	
	By whom certified, .	A A A A A
7.	Residence,	Southborough Mass
8.	Occupation,	A A A
9.	Place of Death,	Southborough, Mass
10.	Place of Birth,	Stewark Vermont
11.	Name of Father,	Philemon Hartwell
2.	Name of Mother, (Maiden Name),	Sally Ball
3.	Birthplace of Father, .	Guthey Vermont
4.	Birthplace of Mother,.	
5.	Place of Interment, .	South on
	Signature of Undertaker or other person making the Return,	Ehos S. Dinnie
DAT	TED at South for), on Manh, 19th 1893

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what,

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1.	Date of Death,	march-22 1893
2.	Name,	Ann & Menter
	(Maiden Name),* .	1 Jemesel
	(Name of Husband),*	Harry Jones
3.	Sex, and whether single,	7
	Married, or Widowed,	MC1331 ECC
4.	Color,† · · · · ·	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	3. dofo
	By whom certified, .	A P A PAGE
7.	Residence,	BUHLOU.
8.	Occupation,	Present telefit
9.	Place of Death,	Southelle Sugaran
10.	Place of Birth,	Pour change of the change of the Delivery
11.	Name of Father,	Capt Richgref Same
12.	Name of Mother,	BETOLE I BILLING
13.	Birthplace of Father, .	1191775 CDM " " 1110130
14.	Birthplace of Mother, .	8 17 87 TROP 11 11 1 1 58
15.	Place of Interment, .	SOUTH THOO ON H
	Signature of Undertaker or other person making the Return,	3 Mrs Missefatanes
DA	TED at 8011941	on Man 22 1893

[Be very particular to fill all Blanks.] Plate. Ed. September, 1892. - 5,000.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	mar 30.1,893
2.	Name,	David B. Harvey
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	male
	Married, or Widowed,	married
4.	Color,†	//:
5.	Age,	Years, Months, 2 pays.
	Disease or Cause of Death, (Primary and Secondary), ‡	acute Mania & Ochaustron
6.	Duration of Sickness, .	In Hospital about 12 hours
	By whom certified,	J. J. Bothfield M. D.
7.	Residence,	Konthodro
8.	Occupation,	Farmer
9.	Place of Death,	Westborn Mass
10.	Place of Birth,	nova Scotia
11.	Name of Father,	John Harvey
12.	Name of Mother, (Maiden Name),	Olgnes (Dow)
13.	Birthplace of Father, .	Mora Scolla
14.	Birthplace of Mother,.	<i>f</i> , " "
15.	Place of Interment, .	Downson
tr	Ne Copy Signature of Undertaker	De Samuel La Color
1	or other person haking	Janes Clark
Westborn & Abril 5 as		
DAT	red at	, on

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	David B. Haway Age,	
Date and Place of Death, -	died as Westbors' Hospital, Oran, 30	189_3.
Disease or Cause of Death, - (Primary and Secondary.)† Duration of Sickness,	or acute Maria + Exhausto In Hospital about 12 ho	
I cert. Signature and Residence of Certifying	tify that the above is true, to the best of my knowledge and belief. Physician, J. F. Bothfuld with West	
	Date of Certificate, Was 3 0	1893.

^{*}Or Sex of Infant (not named). † If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. February, 1892. — 5,000.

UNDERTAKER'S RETURN

To the Board of Health of the City of Worcester.

Date of Death Anny	28 th 393 Name Jan	as chiles V	Whiting
Maiden Name	Name gave	Con Va-le	Ju - Lug
Color Mane Man	ried, Single or Widowed	sex mare	
Acco / 2	Years	9 Months	17 Dave
	est or Primary		
	condary, if any		
	condary, if any		
	•		
	Husband's Name		
Place of Birth R	rafston Grass		
	the Whiting		
	hrewsbury hass		
	rasy Hendall:		
	that grass.		
_	outhbore hass.		
	of Undertaker or Informer		
Dated at Worcester, this day of 18			
Physician	n's Certificate of the Caus	se of Death.	
			10
Date of Death			18
Name and Sex of Deceased			
Place of Death	No		Street
gotted which he Comment in a tier on the			
Disease First or Primary		Duration o	of*
Cause of Secondary		Duration o	f
Death.	A Committee of the Comm		
I cortify that the shove is	a true Return, to the best of my recoll	ection and belief.	
TABLE OF THE REST EST. THE COURSE OF THE STATE OF			
Residence No.		Street	
Dated at Worce	ster, this	day of	18
[Be very particular to fill all the Blanks.]	TAIR BURGER HAS ON DESCRIPTIONS	* Reckoned to the	time of Death.
Approved,		D	of Howlth
		Boara	of Health.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

Section 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

	DHAIL		
recorded in the books of the City of Boston			
during the month of July 1893.			
1. Date of Death,	July 22/93		
2. Name,	Jarles & Howes,		
(Maiden Name),			
(Name of Husband),			
3. Sex, and whether single,	Male		
Married, or Widowed,	Single		
4. Color,	White		
5. Age,	23 Years, — Months, — Days.		
Disease or Cause of Death,	Railroad accident		
6. Duration of Sickness,			
(By whom certified,	of H. Draper Mb. D.		
7. Residence,	Louthboro		
8. Occupation,	Driver of mick wagon		
9. Place of Death,	Greeland It. Station Br.A. R.R.		
10. Place of Birth,	New Yalem		
11. Name of Father,	Uriah		
12. Name of Mother,	adaline Whiting		
13. Birthplace of Father, .	Yarmouth 1		
14. Birthplace of Mother, .	Southbaros		
15. Place of Interment, .	New Salem		
I certify that the foregoing is a true copy.			
	Attest: John O. Thort		
aug/8 1, 189.	3. Parit leity Registrar Clark.		

[SEE OTHER SIDE]

LINDERTAKER'S RETURN TO THE ROARD OF HEALTH MARI ROROLIGH

ONDERTAKER O RETORIT TO THE DOWN OF HEALTH, MINEBOROGAIT.
Date of Death, July 312/893
Name, Milliam Toucy Read
Maiden Name,* Sex,
Married, single or widow, Marsted wife of
On O. (57 years,
Color, Mate Age, 2 months,
2Le days,
Residence, Doubleton Masa
Place of death, Street and No. Ward,
Place of Birth, Sag Roells W.B. Occupation, Faunce
Name of Mother, Malagaret Maiden Name, Singley
Name of Father, ala read
Birthplace of Father, Sackbelly M.B.
Birthplace of Mother, It Ochute, M.O.
Place of Interment, thipman Courtery
*If a married woman or a widow. †Give the name of the burial ground.
Signature of Undertaker or other person
making the return.
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.
Marlborough, July 3 / 189.2
Name of Deceased, William Toyley Road
Date and Place of Death, Southborough Mas
Disease or Cause of Death, Malrettrition few duration of
I hereby dertify that the above is true, to the best of my knowledge and belief.
Name and residence, Is explain Learle

*It is very desirable to be informed of the duration of the disease.

RETURN OF A DEATH.

1. Date of Death,	Drel-19-183		
2. Name,	Affect & force		
(Maiden Name),* .			
(Name of Husband),*			
3. Sex, and whether single,	197079780		
Married, or Widowed,			
4. Color,†			
5. Age,	Years, Months, Days.		
Disease or Cause of Death,	Heart Januar		
6. Duration of Sickness, .	4) PAR 4/20		
(By whom certified,			
7. Residence,	Soutten Maso		
8. Occupation,	Loughan our		
9. Place of Death,	Southour		
10. Place of Birth,	prot progress		
11. Name of Father,	moses & teras -		
12. Name of Mother,	Dimm ne Herrero		
13. Birthplace of Father, .	mest mednas		
14. Birthplace of Mother, .	mattered mess		
15. Place of Interment, .	Dest Declares		
Signature of Undertaker or other person making the Return,	3 /// Barajert		
DATED at 6 7 1 1 10 7, on 4 1 4 7 9 18 9 2			
* If a Married Woman or Widow			

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	Aug 26, 1893
2. Name,	Edward A, Guild
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Mule
Married, or Widowed,	Married
4. Color,†	W
5. Age,	Years, 5 Months, / Days.
Disease or Cause of Death, (Primary and Secondary), ‡	
6. Duration of Sickness, .	
(By whom certified, .	Henry A Jewelt Medical Tox
7. Residence,	Southbord Condairle
8. Occupation,	Bluchsmith
9. Place of Death,	Louthboro,
10. Place of Birth,	Novin Lortia
11. Name of Father,	George Guild
12. Name of Mother, (Maiden Name),	Junie Loyan
13. Birthplace of Father, .	Novia & solia
14. Birthplace of Mother, .	
5. Place of Interment, .	Southborn Place.
Signature of Undertaker or other person making the Return,	} Evere HL Bridge
DATED at Southbo	or on Aug 27 1893

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

Name and Age of Deceased,*	Edward Augustine Guild of Age, 47-5- 16,
Date and Place of Death, -	died at Cordaville - Southborough thussetug 26, 18 93
Disease or Cause of Death, -	of (drowning) Duration of Sickness instants
I certify Name and Residence of Certifying Ph	that the above is true, to the best of my knowledge and belief. Sician, Arry A. Jewett Mb Medical Examiner For Novereller County Date of Certificate, 27 August 1893
*Or Sex of Infant (not name	d).

RETURN OF A DEATH.

1. Date of Death,	Seht 24 /893
2. Name,	- Harife & Clyproper
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	012111
Married, or Widowed,	
4. Color,†	
5. Age,	/ Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness, .	14601 - 1560 - 1
By whom certified, .	
7. Residence,	12000 0000
8. Occupation,	Steelest
9. Place of Death,	SULFATURED SOLD
0. Place of Birth,	Thedalberg 1, 4.
1. Name of Father,	Office Co State Co
2. Name of Mother, (Maiden Name),	EP LOVE BUILDESTO
3. Birthplace of Father, .	Hudben mass
4. Birthplace of Mother,	1395918100 11 11
5. Place of Interment,	The Day
Signature of Undertaker or other person making the Return,	Mant Daglest a
DATED at SCZIALI	120 , on Sept - 25 189.3

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Hamre & Graves. aga 17	
Date and Place of Death, -	died at South Pors! Sept. 24 1	
Disease or Cause of Death, -	of Frank discuss Duration of Sickness Song time	
I certify that the above is true, to the dest of my knowledge and belief. Name and Residence of Certifying Physician G. S. Robert St. D. S.		
* Or Sex of Infant (not named).	Date of Certificate, Sch 25th 18x93	

Name of Deceased *	leter Shuttlamth
Date and Place of Death, -	died at South Coro Nev 29 1883
Disease or Cause of Death, -	of Desification of Lucustration of Sickness 3110 fear
Name and Residence of Certifying Ph	w that the above is true, to the best of my knowledge and belief. Special Fill Market 1883. Date of Certificate, Delimber 2 1883.

RETURN OF A DEATH.

1. Date of Death,	Mar 29 1-1893
2. Name,	Tetter Shelltowerth
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	Massied
4. Color,†	
5. Age,	Years, O Months, 25 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness,	Caralysis 2'/2 Harr
By whom certified, .	1 Page 1
7. Residence,	Doutton duss
8. Occupation,	Terrores
9. Place of Death,	Scutters Duss
10. Place of Birth,	Men Brunswick
11. Name of Father,	Felin Sheetersternet
12. Name of Mother,	Mergeret Deproces
13. Birthplace of Father, .	England
14. Birthplace of Mother, .	little of the li
15. Place of Interment,	South too Mass
Signature of Undertaker or other person making the Return,	Ah Akorpated
DATED at SUISHE	on New 29 1893

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

	A
1. Date of Death,	Leavenby 5th 10
2. Name;	Lydia F. Onthunk
(Maiden Name),*	Brewer
3. Sex, and whether single, Married, or Widowed,	Final married
4. Color, †	Thati
5. Age,	Years, 5 Months, / Days.
6. Disease or First or Primary	¿ malejses
Cause of Secondary (if any)	
Death, By whom certified	Lag. Butterfield
7. Residence,	Southern
8. Place of Death,	Southby
9. Occupation,	
10. Place of Birth,	Southbors
11. Name of Father,	Peter Brewel
12. Name of Mother,	Saplin 70 Brews
13. Birthplace of Father,	Southboro
14. Birthplace of Mother,	Janua from
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at Bea South	borson (Dea 6 188).

^{*} If a Married Woman or Widow.

[†] If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

	- guovana
1. Date of Death,	Dec - 7 200 - 07
2. Name,	grace B. Chardler
(Maiden Name),* .	Grace B. Imit
(Name of Husband),*	James lepandler
3. Sex, and whether single,	married
Married, or Widowed,	74
4. Color,†	Lyrahl-
5. Age,	6/ Years, / Months, /5 Days.
Disease or Cause of Death,	Paralised
6. Duration of Sickness, .	10 mark
By whom certified, .	Dr. Robinson
7. Residence,	Farrille
8. Occupation,	
9. Place of Death,	Fayville
10. Place of Birth,	Tambro-Halifas A. S.
11. Name of Father,	Deaar Smith
12. Name of Mother,	Rebresa Lmith
13. Birthplace of Father, .	Samoro-Halifars et
14. Birthplace of Mother, .	
15. Place of Interment, .	Lymboro
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at South	bord, on Q 20 8 188.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Date and Place of Death, - died at faying South South Con 1889	Name of Deceased,*	Joseph Fairbanke
Disease or Cause of Death of Parales sing Parales on the	Date and Place of Death, -	died at Sayurffe South Circ Joeg 1883
Dividition of Sickness (1)	Disease or Cause of Death, -	of Progressing Paraly Deratton of Sickness 3 fccy
I certify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician, Les. W. Bullufuld		be m B The Tile of the
Oshlund Mais Date of Certificate, Devember 12 189	achland	Macs_ Date of Certificate, Dereuter 12 1893

No. ...

RETURN OF A DEATH.

1. Date of Death,	Dec-9 1873
2. Name,	Joseph harbanks
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	1
Married, or Widowed,	Marricel
4. Color,†	
5. Age,	Years, Months, Months, Days.
Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness,	Thonle for
By whom certified, .	
7. Residence,	Faguitte Southbro
8. Occupation,	farmer
9. Place of Death,	Saruff a
10. Place of Birth,	Bellingham Mass
11. Name of Father,	Elifah Jantanks
2. Name of Mother,	Manos Adams V-
(Maiden Name), 3. Birthplace of Father, .	Bellingham mass
4. Birthplace of Mother, .	Helliston a un
5. Place of Interment, .	Buth boro
Signature of Undertaker or other person making the Return,	} Macfarland
DATED at FAYVITI	le , on Dec 10 1893

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1. Date of Death,	Dec 12
2. Name,	Albertra S. Labossiere
(Maiden Name),* .	
(Name of Husband),*	<i>y</i>
3. Sex, and whether single,	Foll German
Married, or Widowed,	
4. Color,†	
5. Age,	3 Years, - 9 Months, - 2 6 Days.
Disease or Cause of Death,	Crowp
6. Duration of Sickness, .	
By whom certified, .	
7. Residence,	Houshbow
8. Occupation,	
9. Place of Death,	Southfur
10. Place of Birth,	Gay or lle
11. Name of Father,	Grelix A. Labossiere
12. Name of Mother,	Wactorsa M. Labessrew
13. Birthplace of Father, .	Contrecoaux Banad
14. Birthplace of Mother, .	S1. Sborn Canad
15. Place of Interment, .	Marlboro
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at South	bow, on Deo 13 1887

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

12/20 43 9.45 tm

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

1. Date of Death,	Dec 19 1893.
2. Name,	. Mary G. Barrey
(Maiden Name),*	
(Name of Husband),	*
3. Sex, and whether single	, female Sangles
Married, or Widowed	.,
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death	1, La Trasforfish 1.
6. Duration of Sickness,	. Says,
(By whom certified,	
7. Residence,	· I have specifically
8. Occupation,	· / dg a Chapth
9. Place of Death,	· Sommer
10. Place of Birth,	· / AN BLAGOW
11. Name of Father, .	· Char. J. Sanny.
12. Name of Mother, .	· Affand of my
13. Birthplace of Father,	· Barrell Marie
14. Birthplace of Mother,	·
15. Place of Interment,	· Adam Sala francis.
Signature of Undertak or other person makin the Retyrn,	
DATED at ruther	gh, on acouster 20 18/3

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,*	ichaef milchel	anisisyd T. A.—. g. 17048.**
Date and Place of Death, - died at	Southfro Decy	1883
Disease or Cause of Death, - of	Clacify & 18 14 Duration of Sicknes	s 10 Days
I certify that the Name and Residence of Certifying Physician;	above is true, to the best of my knowledge and bed	lief. Uns.
*Or Sex of Infant (not named).	Date of Certificate,	188

RETURN OF A DEATH.

-		
1.	Date of Death,	Dec 19 1878
2.	Name,	mochaet motobet
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	messicel
4.	Color,†	
5.	Age,	Years, 2 Months, 2 Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	10 Derest Heart
	By whom certified, .	A find the second
7.	Residence,	Sentituo Ghass
8.	Occupation,	termer -
9.	Place of Death,	SCHEPPENT CHUSE
10.	Place of Birth,	merceful tengland
11.	Name of Father,	Affen de Flatet
12.	Name of Mother, (Maiden Name),	Derest Bartet
13.	Birthplace of Father, .	Scottanel,
14.	Birthplace of Mother, .	Gorffelmel
15.	Place of Interment, .	St 7777 4317 (11) 13
	Signature of Undertaker or other person making the Return,	} MACDEUTER
DAT	ed at Ser 946	000, on Deci-20 189.

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Catherine & Inter
Date and Place of Death, -	died at Southeite Dec 22 188
Disease or Cause of Death, -	of Ineumusual Duration of Sickness 5- Della
I certif	that the above is true, to the best of my knowledge and belief. Sixth Bully Liled
ashlund In	on. Date of Certificate, 188

RETURN OF A DEATH.

1.	Date of Death,	Dec 22 -1873
2.	Name,	Galarane Jayren
	(Maiden Name),* .	11 1 Detterille
	(Name of Husband),*	my syter
3.	Sex, and whether single,	
	Married, or Widowed,	meistred
4.	Color,†	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	5 Doys
	By whom certified, .	
7.	Residence,	Sett in The mass
8.	Occupation,	Heripe, Mife
9.	Place of Death,	South He-
10.	Place of Birth,	Heptemin Duss
11.	Name of Father,	Otren partonels
12.	Name of Mother,	meiros et his steft
13.	Birthplace of Father, .	Irefanel
14.	Birthplace of Mother, .	4 1011
15.	Place of Interment, .	mentro prass
	Signature of Undertaker or other person making the Return,) An Mayorland
DAT	red at Sezi H	Ges, on Dec 22, 189.3

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

	to the civil of the		1
1. Da	ate of Death,	1	con 2/8/4
2. N	ame,	1/2	many Genes Mentes
	(Maiden Name),* .		In Cache
	(Name of Husband),*	//	aham Nenten
		andsd h	
	ex, and whether single,	//	Pictorie
	Married, or Widowed,		I COCCO
4. C	olor,† · · · · ·	0	
5. A	ge,	05 9	Years, Months, 5 Days.
(D)	sease or Cause of Death,		eta age
6. D	uration of Sickness, .	5	Jeans -
(B)	y whom certified, .	-	W PA
,	esidence,	0	outh bose mass
	ecupation,	1	elired Ladie
	lace of Death,	de	outhbore mass
		To	Bastestonn Al
	lace of Birth,	1	Tues Courses
	Tame of Father,	1	all of ought in the
12. N	Tame of Mother,		the ten many
13. B	irthplace of Father, .	4	names towards
14. B	irthplace of Mother, .	11	All a li
15. F	Place of Interment, .	95	outh our meiss
			man Man 1 B.
S	ignature of Undertaker or other person making	1 /	n ve mee of an and
	the Return,		
DATE	pass cultil	0310	, on 10 1 1894
	7		
* If a	Married Woman or Widow.	tto (T)	Indian If of other Races, specify what.

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

	1	1/	7	
Name of Deceased,*	part pe	Del Ila	ellen	
Date and Place of Death, - Disease or Cause of Death, -	died at BUIS	Olivo Juration	of Sickness 8	18 9 g
I certify Name and Residence of Certifying P	y that the above is true, to sysician,	the best of my knowled	dge and belief.	.
*Or Sex of Infant (not nan		Date of Certificate,	kuowieczy und belief.	188 .

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.				
Date of Death, Jan 3 - 1854				
Name, John P. Lally				
Maiden Name,* Sex,				
Married, single or widow, wife of				
25 years,				
Color, Mage, amonths,				
7 days,				
Residence, Southborough Hass				
Place of death, Street and No. Low how on Ward,				
Place of Birth, Mon Mass Occupation, Farmer				
Name of Mother, Margaret Maiden Name, Carney				
Name of Father, John				
Birthplace of Father, Manage				
Birthplace of Mother,				
Place of Interment, + 1. 6. Coemeley Marwologh				
*If a married woman or a widow. †Give the name of the burial ground. Signature of Undertaker or other person)				
making the return.				
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.				
In July Maryborloggh, Jan 5 189 "4				
Name of Deceased, John 1. Dally				
Date and Place of Death, Jun. 3 94 Southern Mass. Disease or Cause of Death Calarrhad Procurous *duration of 12 days				
Disease or Cause of Death, Quality hed Muumona *duration of / J Chaire				
I hereby certify that the above is true, to the best of my knowledge and belief.				
Name and residence, It & Sungth M. D. Waslboro Mass.				

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE]

RETURN OF A DEATH.

		-	
1.	Date of Death,	FE	n-15-1894
2.	Name,	0/7	Frenk Meters
	(Maiden Name),* .		
	(Name of Husband),*		
3.	Sex, and whether single,	- 1	
	Married, or Widowed,	- (1)	annece .
4.	Color,†	8 / 2 4000	
5.	Age,	458	ears,Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,	000	ENDER.
	By whom certified, .		
7.	Residence,	Co	deratte muss
8.	Occupation,	Con	non Laterer
9.	Place of Death,	60	dertte
10.	Place of Birth,	7),	Instance
11.	Name of Father,	10000	here Metell
12.	Name of Mother, (Maiden Name),	me	effet Hantes
13.	Birthplace of Father, .	98	renel
14.	Birthplace of Mother,.	11/	4
15.	Place of Interment, .	100	3700 (flechs
	Signature of Undertaker or other person making the Return.	} 12)	1 Practor Terror
DAT	ED at Service	Then,	on fan 15 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Im Palsiok Welch
Date and Place of Death, -	died at lendarille. (2014/100) Jan. 15 1894
Disease or Cause of Death, -	of La Griffel Duration of Sickness & HE MER
I certij Name and Residence of Certifying P	by that the above is true, to the best of my knowledge and belief. hysician, Jes. M. Bullu Filed M.
ing shall somish the requisite	Date of Certificate, Jan. 16 1884
*Or Sex of Infant (not nam	red).

Name of Deceased,*	Month Clung.
Date and Place of Death, -	died at Smithtown & An Ust 1891
Disease or Cause of Death, -	of La Guiffe Duration of Sickness
I certify Name and Residence of Certifying Phy	that the above is true, to the best of my knowledge and belief
	Date of Certificate, 2 1844
* Or Sex of Infant (not named).	



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Person Theoreto
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Single
Married, or Widowed,	
4. Color,†	
5. Age,	
Disease or Cause of Death, (Primary and Secondary), † Control of Sickness,	Gue Geas
(By whom certified, .	file of the state
7. Residence,	SUTTING MUSS
8. Occupation,	Leaned Marrigidal
9. Place of Death,	and the said the said the last
10. Place of Birth,	13121616161613
11. Name of Father,	Call Said Galland
12. Name of Mother, (Maiden Name),	Is all of the chie
13. Birthplace of Father, .	J. Chila de Chia
14. Birthplace of Mother, .	Is he had been been been been been been been bee
15. Place of Interment, .	The hand got in it
Signature of Undertaker or other person making the Return,	} IM Macfellema
DATED at SURFE	(30, on Jan 23, 189.4

[Be very particular to fill all Blanks.]
Plate. Ed. September, 1892.—5,000.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	Feb. 27th. 1894.
2.	Name,	Daniel Grover
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,† · · · · ·	
5.	Age,	Years, 3 Months, 2 Days.
	Disease or Cause of Death,	Brancho presimoni
6.	Duration of Sickness, .	
	By whom certified,	J. M. Butterfield to
7.	Residence,	Bowthboro
8.	Occupation,	
9.	Place of Death,	Southbarn
10.	Place of Birth,	Southbara
11.	Name of Father,	Herbert Gerryway
12.	Name of Mother,	Minne (Goodrow)
13.	Birthplace of Father, .	M. a
14.	Birthplace of Mother, .	Nos.
15.	Place of Interment, .	Southborn
	Signature of Undertaker or other person making the Return,	} Henry Muston.
DA	rep at March	st , on 18%

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	march 1st 1894
2. Name,	Gertrude Pachos Buch
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Carrier State
Married, or Widowed,	
4. Color,†	
5. Age,	Years, 2 Months, 2 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness, .	ant moningite
(By whom certified, .	Dr. J. XIRobinson
7. Residence,	South borough man
8. Occupation,	
9. Place of Death,	Southboro
10. Place of Birth,	<u> </u>
11. Name of Father,	Wallace B Buck
12. Name of Mother, (Maiden Name),	Ella M Brewar)
13. Birthplace of Father, .	Douthton
14. Birthplace of Mother, .	h
5. Place of Interment, .	,
Signature of Undertaker or other person making the Return,	} MB Buelo
DATED at Southton,	-, on Miss. 24 1894.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Gatrude R. Brick. March 1st 1892 aged three months and two days acute meningates. Q. M. maanidofft. o.

168

Commonwealth of Massachusetts. RETURN OF A DEATH.

1.	Date of Death,	c	March 14
2.	Name,	0	aniel S. Whitney
	(Maiden Name),* .		
	(Name of Husband),*		
3.	Sex, and whether single,		
	Married, or Widowed,		Married
4.	Color,†	·····	
5.	Age,	84	Years, / Months, / Days.
	(Disease or Cause of Death,	Infl	amution of Ridneys
6.	Duration of Sickness,.	£	ght days
	By whom certified, .	,	
7.	Residence,		Southboro
8.	Occupation,		
9.	Place of Death,		Southborg
10.	Place of Birth,	ne	anvers Maso
11.	Name of Father,	Por	asiation Whitney
12.	Name of Mother,	1 da	ral (drull) Hother
13.	Birthplace of Father, .		
14.	Birthplace of Mother, .		
15.	Place of Interment, .		Southbord
	Signature of Undertaker or other person making the Return,	}	Henry Newton
DAT	red at Southb.	120	, on March 15 18 9.4

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Southours, Mr. 20th 18924 Canse of druth Search Gener. i g. Honry Robinson, M. D

RETURN OF A DEATH.

1. Date of Death,	march 20th 1894
2. Name,	Mank Lavelle
(Maiden Name),* .	
(Name of Husband),*	7
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness,	Searlet Ferrer
(By whom certified, .	De J H Robinson
7. Residence,	South For
8. Occupation,	4
9. Place of Death,	South top
10. Place of Birth,	7
11. Name of Father,	John
12. Name of Mother,	maley
(Maiden Name), 13. Birthplace of Father, .	<u> </u>
14. Birthplace of Mother, .	
15. Place of Interment, .	martton.
Signature of Undertaker or other person making the Return,	Return made by father,
DATED at South For	5., on Mich. 20 to 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

person Canelle, aga llegrans. Of Searlet Lover: South boro; Murch 322 1594 son of John Laville

No. /2

RETURN OF A DEATH.

To the Clerk of the	Town in which the Death occurred.
1. Date of Death,	Hannetta Lande
2. Name,	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	r *
5. Age,	9 Years, 10 Months, 5 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness, .	
By whom certified, .	1, 76 Robinson M. D.
7. Residence,	(Southon.
8. Occupation,	
9. Place of Death;	Soulhoon
10. Place of Birth,	A W
11. Name of Father,	John
12. Name of Mother,	<u> </u>
(Maiden Name), 13. Birthplace of Father, .	
14. Birthplace of Mother,.	
15. Place of Interment, .	marlfors.
Signature of Undertaker or other person making the Return,	} Return mone by father.
Dated at	, on mil 24 189.4

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Henritten Lawelle. agr 9 years
March 2 Pd of Scarlet Forer

gitte Polomon M. D.

Sowihlow, march 24th 1894

()

No. // Commonwealth of Massachusetts. RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1.	Date of Death,	march, 24-94
2.	Name,	John Daviel
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	13
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,.	
	By whom certified, .	4, 86 Kobinson M.D.
7.	Residence,	(Lowhton.
8.	Occupation,	1 1 1
9.	Place of Death,	South on.
10.	Place of Birth,	
11.	Name of Father,	John Daville,
12.	Name of Mother, (Maiden Name),	(Malez.)
13.	Birthplace of Father, .	
14.	Birthplace of Mother, .	
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	mad by Jerry Lenhy.
DAT	red at South ton	, on March 25 1894/

[Be very particular to fill all Blanks.]

15 Born any 23. (86) -12-7-1

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Johnier of Scenta 116

No. (0

RETURN OF A DEATH.

1. Date of Death,	March 24 - 17894
2. Name,	Hannah Fardner
(Maiden Name),* .	Horrison Bakery
(Name of Husband),*	Samuel Gardenen
3. Sex, and whether single,	
Married, or Widowed,	Midowed
4. Color,†	4
5. Age,	855 Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary),	Ole Age
6. Duration of Sickness, .	6 months
By whom certified, .	Dr Bullerfield. Ashla
7. Residence,	Southborn
8. Occupation,	
9. Place of Death,	Grayville - Southbou
10. Place of Birth,	East Treezenach R.J.
11. Name of Father,	Seden Carry
12. Name of Mother,	Sarah Gasel
(Maiden Name), 13. Birthplace of Father, .	North Singston R.S.
14. Birthplace of Mother, .	East greenwich
15. Place of Interment, .	Worcester
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at Southbo	ow , on March 26 18 9.4

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	War and less de la com			
Trame and Age of Deceased,"	Age, 83			
Date and Place of Death,† -	died at Douthly frogrille) Sures has 189ig.			
Disease or Cause of Death, -	of Old age			
(Primary and Secondary.); Duration of Sickness,				
I certify that the above is true, to the best of my knowledge and belief.				
Signature and Residence of Certifying	Physician, ples of by Sullinfield Miss. alleged Miss.			
	Date of Certificate. Man 2 6			

^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. May, 1893. — 5,000.

[‡] If a soldier or sailor who served in the War of the Rebellion.

RETURN OF A DEATH.

		1 1
	Date of Death, Name, (Maiden Name),* . (Name of Husband),*	Morch Dy Sly
3.	Sex, and whether single,	7
	Married, or Widowed,	Meifred
4.	Color,† · · · · ·	
5.	Age,	80 Years, 6 Months, 8 Days.
6.	Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness,.	Electronia .
	(By whom certified, .	St Jo Bullespell
7.	Residence,	Siuff 500 Mass
8.	Occupation,	terrier
9.	Place of Death,	Settheriso
10.	Place of Birth,	u u
11.	Name of Father,	Amos Coffins
12.	Name of Mother, (Maiden Name),	loffer Anselen Coll
13.	Birthplace of Father, .	BULLA USB
14.	Birthplace of Mother, .	11 ()
15.	Place of Interment, .	3 CILA (030 (1) CISS
	Signature of Undertaker or other person making the Return,	3 Mm/2 Dacfertund
DATED at Seriff troe, on March 28 1894		

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Jone Coffins	
Date and Place of Death, -	died at South bord Men 23 1894,	
Disease or Cause of Death, -	of Inclumental Duration of Sickness & Days	
I certify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician I Duller for Cel M. Shlore		
* On Say of Infant (not named)	Date of Certificate, Much 28 1894	

^{*} Or Sex of Infant (not named).

Date and Place of Death, died as South borungh, muss, April 174 18 Disease or Cause of Death, - of Colmoney Consumption Duration of Sickness seven enceled induced public from set tie comme following childbuth I certify that the above is true, to the best of my knowledge and belief. Date of Certificate, April 17th * Or Sex of Infant (not named).

#/4

RETURN OF A DEATH.

1. Date of Death,	april 17-94
2. Name,	Julia a. Julyvan
(Maiden Name),*	Murchy
(Name of Husband),*	John /
3. Sex, and whether single,	1 F:
Married, or Widowed,	M.
4. Color,†	W
5. Age,	3 O Years, Months, Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified,	
7. Residence,	Southborough Alass
8. Occupation,	
9. Place of Death,	Southborough Mass
10. Place of Birth,	fregand
11. Name of Father,	John
12. Name of Mother,	Kate CKeefe
13. Birthplace of Father, .	I reland
14. Birthplace of Mother, .	t ty
15. Place of Interment,	Marloowigh Mass
Signature of Undertaker or other person making the Return,	} Ha Mi Gill
Dated at	, on Apr. 19 189.4

^{*} If a Married Woman or Widow.

^{*} If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

	1924 N. A.	12 15 16
1.	Date of Death,	my, 10 10 74
2.	Name,	Joseph Francis Gurlin
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, — Months, / 4 Days
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	
	By whom certified, .	9
7.	Residence,	South
8.	Occupation,	
9.	Place of Death,	
10.	Place of Birth,	
11.	Name of Father,	John Ja
12.	Name of Mother,	man 7/19 mulout
13.	Birthplace of Father, .	Falme
14.	Birthplace of Mother, .	angland
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	}
DAT	red at	, on18

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

THIS IS TO CERTIFY,

To the best of my knowledge and belief, Name of deceased in full.
That Rosa Pemelli
age — years — months 2 days, died on the 22 day of May A.D. 189 4
of Marasuus
Its duration † was
There was also
Its duration † was
Was there an Autopsy? Mo Was death Sudden? Mo
Signed at Faumgham Mass., May 23 1894
t Reckoned from the time of invasion of death.
Undertaker's Return of Death.
Name of deceased in will. Name of Deceased in will. Name of Deceased in will. 189 \(\sqrt{189} \sqrt{1}
Maiden Name. Condition: [1] Single. Married. Willow Widows.
Age,— Years Months Days Wife or Widow of Place of Dean. [2]
Sex. D*Colory:
He Male White Residence South for muss. Occupation. Place of Birth.
Name of Father. Name of Father. His Birth Place, [3]
Name of Mother. Her Birth Place All A
Selesta Marcène Raly.
Interment It Stephens Lemeley Framingham May 23,894
This return is made by Undertaker Vela V. Burea
Dated My 73 1894 Of So A range of White. B, Black.
Countersigned and Approved this 23 day of May 1894
Curs Ho Light Mgent Board of Health.
(SEE BACK.)

No./6

RETURNOF A DEATH.

1. Date of Death,	May 30 1894
2. Name,	Exnest H. Hlogg
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Lingle
4. Color,†	
5. Age,	2/ Years, 6 Months, 2 Days.
Disease or Cause of Death, (Primary and Secondary), † Ouration of Sickness,	Diabetre
By whom certified, .	GES. M. Butterfuld for
7. Residence,	Southburo (Southville)
8. Occupation,	Mill operative
9. Place of Death,	Southboro "
10. Place of Birth,	Springfield Mass
11. Name of Father,	James Henry Flagy
12. Name of Mother, (Maiden Name),	Musy & Hooper) "
13. Birthplace of Father, .	Boylston Mus
14. Birthplace of Mother, .	11
15. Place of Interment, .	Southborn
Signature of Undertaker or other person making the Return,	E. L. Hood Kenny Newton Puzz
DATED at Southboo	o, on May 31 1894

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, 2. Name,		A - F - '
(Maiden Name),* (Name of Husband),* 3. Sex, and whether single, Married, or Widowed, 4. Color,† 5. Age, Disease or Cause of Death, 6. Duration of Sickness, . By whom certified, . 7. Residence, 8. Occupation, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, . Signature of Undertaker or other person making the Return,	1. Date of Death,	June 1st 1894
(Name of Husband),* 3. Sex, and whether single, Married, or Widowed, 4. Color,† 5. Age,	2. Name,	Thomas Cuneen
3. Sex, and whether single, Married, or Widowed, 4. Color, † 5. Age, Disease or Cause of Death, 6. Duration of Sickness, . By whom certified, . 7. Residence, 8. Occupation, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, . Signature of Undertaker or other person making the Return,	(Maiden Name),* .	
Married, or Widowed, 4. Color, † 5. Age, 6. Disease or Cause of Death, 6. Duration of Sickness, . By whom certified, . 7. Residence, 8. Occupation, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, . Signature of Undertaker or other person making the Return,	(Name of Husband),*	
4. Color,† 5. Age,	3. Sex, and whether single,	M.
5. Age,	Married, or Widowed,	8/4
Disease or Cause of Death, Duration of Sickness, By whom certified, Residence, Place of Death, Place of Birth, Name of Father, Residence, Resi	4. Color,†	1/
6. Duration of Sickness, . By whom certified, . 7. Residence, 8. Occupation, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, . Signature of Undertaker or other person making the Return,	5. Age,	30 Years, Months, 15 Days.
By whom certified, 7. Residence, 8. Occupation, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, 14. Birthplace of Mother, 15. Place of Interment, Signature of Undertaker or other person making the Return, 16. Company of the Sille of Sille of Sille or other person making the Return, 17. Residence, 18. Occupation, 19. Place of Birth, 10. Death of Mother, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Mother, 14. Birthplace of Mother, 15. Place of Interment, 16. Company of Mother or other person making the Return, 17. Company of Mother or other person making the Return, 18. Occupation, 19. Place of Birth, 19. Occupation, 10. Place of Birth, 10. Occupation, 10. Occupation, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Mother, 14. Birthplace of Mother, 15. Place of Interment, 16. Occupation, 17. Occupation, 18. Occupation, 18. Occupation, 19. Occupat	Disease or Cause of Death,	Consumptions
7. Residence,	6. Duration of Sickness, .	/
8. Occupation,	(By whom certified, .	
9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, . Signature of Undertaker or other person making the Return,	7. Residence,	
10. Place of Birth,	8. Occupation,	
11. Name of Father,	9. Place of Death,	A second
12. Name of Mother,	10. Place of Birth,	Southborough Mass
13. Birthplace of Father, 14. Birthplace of Mother, 15. Place of Interment, Signature of Undertaker or other person making the Return,	11. Name of Father,	Michael
14. Birthplace of Mother, . 15. Place of Interment, . Signature of Undertaker or other person making the Return,	12. Name of Mother,	Mirah Referty
15. Place of Interment, . Marlborough J. G. Cerrete Signature of Undertaker or other person making the Return,	13. Birthplace of Father, .	Ireland " t
Signature of Undertaker or other person making the Return, } ### A. Ma Gill A	14. Birthplace of Mother, .	
or other person making the Return,	15. Place of Interment, .	Marlborough J. C. Cemete
DATED at , on frue 3 189.4	or other person making] F. a. Mr. Gill
	Dated at	, on June 3 189.4

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow.
- If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased.*	Hrank Gonahan
Date and Place of Death,	died at Southbord. June 4 1881
Disease or Cause of Death, -	of Prummid Duration of Sickness One week
I certify	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Phy	vsician, Geo. M. Butter filed Ins.;
Cashland In *Or Sex of Infant (not name	Date of Certificate, June 5 1894

28

Name and Age of Deceased, Lynest H. Hlagg - Age, 21 grs		
Date and Place of Death, + - died at Southborn (Southwill) May 30 1894.		
Disease or Cause of Death, - of Leavette (Primary and Secondary.) Duration of Sickness,		
I certify that the above is true, to the best of my knowledge and belief. Signature and Residence of Certifying Physician, SED. N. Butter Field M. Cashard nac Date of Certificate, May 81. 1894.		
* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. † If a soldier or sailor who served in the War of the Rebellion-Plate. Ed. May, 1893. — 5,000.		





RETURN OF A DEATH.

To the Clerk of the	Town in which the Death occurred.	
1. Date of Death,	Frank Ganghan	
2. Name,	V	
(Maiden Name),* .		
(Name of Husband),*		
3. Sex, and whether single,	Single	
Married, or Widowed,	1	
4. Color,†	A CONTRACTOR OF THE CONTRACTOR	
5. Age,	28 Years, Months, Days	
(Disease or Cause of Death,		
6. Duration of Sickness, .	On neck	
(By whom certified,	Dr. Gu N. Buttifila	
7. Residence,	Clinton mass	
8. Occupation,	Zaborer	
9. Place of Death,	South ton,	
10. Place of Birth,	delinton	
11. Name of Father,	Frank,	
12. Name of Mother,	Sarah Slave	
13. Birthplace of Father, .	Greland	
14. Birthplace of Mother, .	Freland	
15. Place of Interment, .	deljutin :	
Signature of Undertaker or other person making the Return,	3 Annual him	
DATED at Soul Born, on Alley 5 189.		
* If - Manual Women or Wilder		

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Burial Permit,

and Permit for Removal.
Hestoro June 5 189 4
(City or Town.) (Date.)
All the preliminary requirements of law having been complied with,
permission is hereby given to
from lectoro , and the interment at Couthboro of
(To be filled out in case of removal.)
the body of Charles M. Sickford who died at the colors
Number, Street, on the 5th day of June 1894,
aged 35 years, months, days.
Henry L. Chose agt Bit Health
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk.)
Plato. Ed. December, 1891. 6000.

No. / RETURN OF A DEATH.

1. Date of Death,	June 11. 1894
2. Name,	11 Minisport a Composition
(Maiden Name),*	
(Name of Husband),*	Batholiser Carpenter
3. Sex, and whether single,	single /
Married, or Widowed,	f f
4. Color,†	Thite
5. Age,	J. Years, 6. Months, Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified, .	Dr. Bradley
7. Residence,	Weston 1
8. Occupation,	
9. Place of Death,	Southfor maer.
0. Place of Birth,	Southbor hears.
1. Name of Father,	Bartholm in Cafernter
2. Name of Mother, (Maiden Name),	hay Hansow.
3. Birthplace of Father, .	Ash York City
4. Birthplace of Mother, .	Tyelfand
5. Place of Interment,	Hopkinton house
Signature of Undertaker or other person making the Return,	3. Ballanan
DATED at South 50	7. , on June 12 th 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Winfred Agnes Carpenter Jeg. 6 mm	
Date and Place of Death,	died at Southboro , June 11th 18/94	
Disease or Cause of Death, -	of Hesait disease Duration of Sickness afout the mos	
I certify that the above is true, to the best of my knowledge and belief.		
Name and Residence of Certifying Phys	Date of Certificate, June 12th 18194	

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	9m & 15-199	
(Maiden Name),* .		
(Name of Husband),*		
3. Sex, and whether single,	11-1	
Married, or Widowed,	THEENVEC	
4. Color,†		
5. Age,	Years, Months, Days.	
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness, .	2/2 MANTE.	
By whom certified, .	9 900	
7. Residence,	SUCIA DELL	
8. Occupation,	(Margarda)	
9. Place of Death,	SOUTH	
10. Place of Birth,	Sullin Pol	
11. Name of Father,	4050 (7) T	
12. Name of Mother, (Maiden Name),	Margaet Hely on	
13. Birthplace of Father, .	CDPARCM II	
14. Birthplace of Mother,.	1 8 1 - 1 - 1 1 1	
15. Place of Interment, .	Candy Cyp Mas	
Signature of Undertaker or other person making the Return,	3 mm p may fester	
DATED at \$17177000, on \$110 8-15 1874		
t It - Warried Warren or Widow + If a Soldier who served in the War of the Rebellion.		

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	Mary 4
2.	Name,	Isdao Limnan
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	Single
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
	(Disease or Cause of Death,	effected analysis
6.	Duration of Sickness,.	on rankshar
	By whom certified,	
7.	Residence,	
8.	Occupation,	Labour
9.	Place of Death,	Southborn
10.	Place of Birth,	Glinland
11.	Name of Father,	Is a a a Lemman
12.	Name of Mother,	
13.	Birthplace of Father, .	12 and and
14.	Birthplace of Mother, .	
15.	Place of Interment, .	Jordhbors
	Signature of Undertaker or other person making the Return,	} Henry Newton
DATED at Southbre , on July 2 18 9.		
	*****	V

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

	Date of Death,	Harrel 6 13 1979
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,.	154000
	By whom certified, .	
7.	Residence,	Gerden The Mass
8.	Occupation,	
9.	Place of Death,	6200111
10.	Place of Birth,	11 1100
11.	Name of Father,	Tanuglan H DPM
12.	Name of Mother, (Maiden Name),	Thage I Davis
13.	Birthplace of Father, .	Hyannis Hass
14.	Birthplace of Mother,.	SOUTH STO 11
15.	Place of Interment, .	SELLANCZON
	Signature of Undertaker or other person making the Return,	} // m/ d//axesta
DATED at 600001/1, on 41/1, -21/189.27		
* T	fa Married Woman or Widow t	If a Soldier who served in the War of the Rebellion

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	Harold C Barry Age, 1 yr-21 d			
Date and Place of Death,† -	died at Southbord July 24 1894.			
Disease or Cause of Death, - (Primary and Secondary.) Duration of Sickness,	of Turingite's			
I certify that the above is true, to the best of my knowledge and belief. Signature and Residence of Certifying Physician, Sec. W. Vanth field Ind.,				
	Date of Certificate, July 25 1894.			
* Or Sex of Infant (not named). If stillborn	so state. If child died immediately after birth so state. If a soldier or sailor who served in the War of the Rebellion.			

Plate. Ed. May, 1893. - 5,000.

No. 2/

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1.	Date of Death,	Ø1171 31-1892
2.	Name,	(mad 6 / Ele.
	(Maiden Name),* .	11) " Chamberlar
	(Name of Husband),*	Ar den L rege
3.	Sex, and whether single,	
	Married, or Widowed,	122 01331 EC
4.	Color,† · · · · ·	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,.	Julierculoses of 13 owels.
	By whom certified, .	99 1 90 0 3100
7.	Residence,	Sporder The Scrift in
8.	Occupation,	Derive Mile
9.	Place of Death,	Talker Ser Hero
10.	Place of Birth,	South of the many
11.	Name of Father,	Engente Committedin
12.	Name of Mother,	Emma & Slane
13.	(Maiden Name), Birthplace of Father, .	SOUTEDOW MOSS
14.	Birthplace of Mother, .	1308/09/2 1
15.	Place of Interment, .	South 15000 11 11
	Signature of Undertaker or other person making the Return,	3 Mm R Asciofertand
DATED at 31/1/4/200, on 9/19 - 3/ 18/4		

[Be very particular to fill all Blanks.]
Plate. Ed. September, 1892.—5,000.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIA - CERTIFICATE.

Name and Age of Deceased,*	many C. Page	Age, 2 3 y 3 m
Date and Place of Death; + -	died at Southbor Guly 3,	189 4.
Disease or Cause of Death, - (Primary and Secondary.)‡	of Liberulous of Ban	els
Duration of Sickness,		
I cert Signature and Residence of Certifying	ify that the above is true, to the best of my knowledge and belief.	mo
Signature and Mestachee of Certifying	Date of Certificate, Duly 3/	1894.
		/

^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. May, 1893. — 5,000.

[‡] If a soldier or sailor who served in the War of the Rebellion.

Section 1. The clerk or registrar of each city and town shall on the first day of Ch month make a certified copy of the record of all deaths and boths recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of theof		
during the month of	(City or Town.)	
1. Date of Death,	Ang 1 1894	
(Maiden Name),	July Gery Court Succession	
(Name of Husband), 3. Sex, and whether single,		
Married, or Widowed,		
4. Color,	Years, 5 Months, 3 Days.	
Disease or Cause of Death, Comparison of Sickness,	24 & days (Terthing)	
By whom certified,	1 Comp	
7. Residence,	outhton.	
9. Place of Death,	4	
10. Place of Birth,	Au I.	
12. Name of Mother,	Journey)	
14. Birthplace of Mother, .		
15. Place of Interment, . I certify that the fores	return mane by John Sulliver 1st	
Atte		
18 .)/ •	Clerk.	

Name and Age of Deceased,*	Stephen Cantello Age, 54 year
Date and Place of Death,† -	gied at Southbar ang, 7 1804.
	Ahennatian & Hent
Disease or Cause of Death, - (Primary and Secondary.);	of your control of your contro
Duration of Sickness,	
	tify that the above is true, to the best of my knowledge and belief.
Signature and Residence of Certifying	Date of Certificate, and 8 1894.
	A LW CLDIN

^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. May, 1893. — 5,000.

[‡] If a soldier or sailor who served in the War of the Rebellion



RETURN OF A DEATH.

1. Date of Death,	August 7th 1894
2. Name,	of tophen Cantella
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	midower.
Married, or Widowed,	
4; Color,†	Shite
5. Age,	5 7 Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), 1	Rheumatism
6. Duration of Sickness, .	3 Days
(By whom certified, .	La Butterfield.
7. Residence,	derinn Mass
8. Occupation,	Carpenter Soldier in
9. Place of Death,	Frankville Mass.
10. Place of Birth,	Bradford England
11. Name of Father,	William Cantelly,
12. Name of Mother, (Maiden Name).	
13. Birthplace of Father, .	Bradford England,
14. Birthplace of Mother,.	Bradford England
15. Place of Interment, .	Southborn Mass
Signature of Undertaker or other person making the Return,	} Menry Newton
DATED at Houlhb	no dug 9 18 84

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	9059 Pinnett Age, 7392	
Date and Place of Death,† -	died at Syn Down Ang 112 1894.	
Disease or Cause of Death, - (Primary and Secondary.);	v Geerelent	
Duration of Sickness,		
I certify that the above is true, to the best of my knowledge and belief. Signature and Residence of Certifying Physician,		
	Date of Certificate, South Com: Aug. 14 1894.	
* Or Sex of Infant (not named). If stillborn	a so state. † If child died immediately after birth so state. † If a soldier or sailor who served in the War of the Rebellion-Plate. Ed. May, 1893.—5,000.	

RETURN OF A DEATH.

	· ·
1. Date of Death,	aug 11 1894
2. Name,	Joseph Bramelt
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	massed
4. Color,†	
5. Age,	7 Years, 9 Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡	accidence
6. Duration of Sickness, .	2 hores
(By whom certified, .	Dift Roberson
7. Residence,	Intleboro sigh
8. Occupation,	Chémist-
9. Place of Death,	Southeborough
10. Place of Birth,	Southborough
11. Name of Father,	Charles Ripley Burnet
2. Name of Mother, (Maiden Name),	Kejra Pond
3. Birthplace of Father, .	Southborough
4. Birthplace of Mother, .	Fruklin neus
5. Place of Interment, .	Southbrough
Signature of Undertaker or other person making the Return,	} Henry Newton
DATED at South	vis , on Clug 14 189.4

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	aug 15 - 1894.
2.	Name,	Maggie Pender.
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	•
5.	Age,	Years, 9 Months, 2 7 Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	Cholin Infahluris
1	By whom certified, .	Dr Butterfuld
7.	Residence,	Fayville
8.	Occupation,	
9.	Place of Death,	1/
10.	Place of Birth,	13 10000
11.	Name of Father,	no penter-
12.	Name of Mother,	Latie (Markey)
13.	Birthplace of Father, .	She Johns HIF.
14.	Birthplace of Mother, .	Hairs Grace n. F.
15.	Place of Interment, .	malden -
	Signature of Undertaker or other person making the Return,	} Henry newton
DAT	ED at Fayvill	e, on . aug 15 - 189.4

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion, † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	Suraha huntan	Age, 55 prs. gm
Date and Place of Death,† -	died at South ton's, Sur. aug. 19	1894.
Disease or Cause of Death, - (Primary and Secondary.);	of Chrosin Spring Grenings	tr.
Duration of Sickness,		
I certs Signature and Residence of Certifying I	fy that the above is true, to the best of my knowledge and belief.	mo,
repland man	Date of Certificate, ang 19	1892,
* Or Sex of Infant (not named). If stillborn	so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served Plate. Ed. May, 1893. — 5,000.	in the War of the Rebellion-

RETURN OF A DEATH.

1. Date of Death,	Ang 19
2. Name,	Jarah & Newton
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single	Single
Married, or Widowed	
4. Color,†	
5. Age,	55 Years, 8 Months, 9 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness,	Chronso Spinal Meningsh
By whom certified,	Ges. W. Butherfield Ma
7. Residence,	Southborn
8. Occupation,	It ouse keeper
9. Place of Death,	Longville Southbon
10. Place of Birth,	Southborg
1. Name of Father,	Bussell Newton
2. Name of Mother, (Maiden Name),	Ann Petition
3. Birthplace of Father, .	Southbors
4. Birthplace of Mother, .	
5. Place of Interment, .	
Signature of Undertaker or other person making the Return,	} Genry Newton
DATED at South	bors; on Aug 20 18 9.4

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

UNDERIARER'S RETURN TO THE BUARD OF HEALTH. MAKEBURUUGH	TAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH,	MASS
---	---	------

Date of Death, Death, 1895
Name, Karold Foursland Macrimin
Maiden Name,* Sex, Male
Married, single or widow, Dugle wife of
Color, Mita Age, framonths.
Residence, Fayville Mass
Place of death, Street and No. // Ward,
Place of birth, // Occupation,
Name of mother, Mary Maiden name, Ohurchill
Name of father, Storge J Maching
Birthplace of father, Somerville Mass
Birthplace of mother, Sova Section
Place of interment, + (auada.
*If a married woman or widow. Signature of Undertaker or other person making the return. *If a married woman or widow. #Give the name of the burial ground. *If a married woman or widow. #Give the name of the burial ground. *If a married woman or widow. #Give the name of the burial ground. *If a married woman or widow. *If a married woman or widow. #Give the name of the burial ground. *If a married woman or widow. *If a m
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.
Marlborough, Mass., Aug 20 1894
Name of Deceased, Harold Powsland Maemun
Date and Place of Death, Augst 19-94 Fayrille Mass Disease or Cause of Death, Oholera infantine *duration of three days
I hereby certify that the above is true, to the best of my knowledge and belief. Name and residence, George Bearle & Newton Shewarthow Mass
*It is very desirable to be informed of the duration of the disease. [SEE OTHER SIDE.]

Killan on ledge.

Burial Permit,

(And Certificate of Registry.)

Fin	Permission is hereby given to Samue Jung clone for the Interment
1	at 1, To, of the body of Frank A Larrystone
	who died at out tow, mass [Number, Street,] on the day
	of 188, aged years, months, days;—the facts required by chapter
	twenty one of the General Statutes having been returned and recorded.
	Town Clerk.
	Dated at

	F ' P' about		
Name and Age of Deceased,*	Trancis & weighten Age, 33		
	8 -1/1 12		
Date and Place of Death,† -	died at Journovill Meets Ange 7189 4.		
Disease or Cause of Death, - (Primary and Secondary.) ‡	of Killed on RR Leage		
Duration of Sickness,			
I certify that the abofe is true, to the best of my knowledge and belief.			
Signature and Residence of Certifying Physician, I It Lewill Mis, had Extensive			
	Date of Certificate, Aug 7 th 1894.		

^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. May, 1893. — 5,000.

[‡] If a soldier or sailor who served in the War of the Rebellion.

Name and Age of Deceased, * have unknown
Date and Place of Death, to - 'died at Tound do and the ail of the thought the
Disease or Cause of Death, - of Probably fall for the
Duration of Sickness,
I certify that the above is true, to the yest of my knowledge and belief.
Signature and Residence of Certifying Physician Conty & Jewit ms Med Conviner
Date of Certificate, Jug. 27 th 1894.
* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after high so state.

Plate. Ed. May, 1893. - 5,000.

No. 29 Commonwealth of Mussuchusetts. RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1.	Date of Death,	Acys-27-1894
.2.	Name,	Willen order
	(Maiden Name),* .	
	(Name of Husband),*	A
3.	Sex, and whether single,	entencen
	Married, or Widowed,	244
4.	Color,†	Male
5.	Age,	Years, Months, Days.
	Disease or Cause of Death, (Primary and Secondary), ‡	tell from Dann
6.	Duration of Sickness, .	
	By whom certified, .	A
7.	Residence,	26 forown
8.	Occupation,	
9.	Place of Death,	Cordan PSunhoon
10.	Place of Birth,	Un Known
11.	Name of Father,	1
12.	Name of Mother,	
13.	(Maiden Name), Birthplace of Father, .	
14.	Birthplace of Mother,.	
15.	Place of Interment, .	Buithboro theis
	Signature of Undertaker or other person making the Return,	3 Am /? Abayferland
DAT	ped at Euclas	71, on Aug - 27 1894

[Be very particular to fill all Blanks.] Plate. Ed. September, 1892.-5,000.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	Emily Blair	Age, 4 6 yrs. 2 ms
Date and Place of Death,† -	gied as Southton may any.	28 189 4.
	· Come then x	
Disease or Cause of Death, - (Primary and Secondary.);	0)	
Duration of Sickness,		
I cert. Signature and Residence of Certifying	fy that the above is true, to the best of my knowledge and belief.	D
organization of constant	Date of Certificate, Cong 29,	189 4.
* Or Sex of Infant (not named). If stillborn	so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who serve Plate. Ed. May, 1893.—5,000.	ed in the War of the Rebellion.

40

RETURN OF A DEATH.

1. Date of Death,	Grant 2,8, 1894
2. Name,	Omely agusta /3 lair
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Single
Married, or Widowed,	
4. Color,†	
5. Age,	46 Years, 2 Months, 214 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness,.	Consumption
By whom certified, .	Seo. No Bullesfuld m
7. Residence,	Hayville mars
8. Occupation,	
9. Place of Death,	Jagville,
10. Place of Birth,	to Carpille
11. Name of Father,	John Blage
12. Name of Mother, (Maiden Name),	Eliza (Sunston)
13. Birthplace of Father, .	geterborough, h. H.
14. Birthplace of Mother, .	Frangingham mass.
15. Place of Interment, .	South bolough mass.
Signature of Undertaker or other person making the Return,	} Glenry Newton
DATED at Southb	Fore, on Aug 30 18 94

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

John Jaines Brien died at Bent 4 Name and Age of Deceased,* Date and Place of Death, † -Disease or Cause of Death. -(Primary and Secondary.) ! Duration of Sickness, I certify that the above is true, to the best of my knowledge and belief. Signature and Residence of Certifying Physician, LEi 14 Bull Date of Certificate,

^{*} Or Sex of Infant (not named). If stillborn so state. | If child died immediately after birth so state. | If a soldier or sailor who served in the War of the Patrelline.

RETURN OF A DEATH.

1. Date of Death,	6/1901 Sept 5/8
2. Name,	Getin & Bajen
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	(9)193 hevel
6. Duration of Sickness, .	y Chaps
By whom certified, .	
7. Residence,	\$0184 boro
8. Occupation,	A GO OFFI
9. Place of Death,	- South boro
10. Place of Birth,	11/2
11. Name of Father,	Garnes Marien
12. Name of Mother,	Maggie Faster
13. Birthplace of Father, .	LUBERTO,
14. Birthplace of Mother, .	33454 15
15. Place of Interment, .	MATERO MICISS
Signature of Undertaker or other person making the Return,	} At mp Mengler Fen
DATED at	, on 80 t 6 1894

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

No. 34 Commonwealth of Massachusetts. RETURN OF A DEATH.

1. Date of Death,	Mors & Brokener
(Maiden Name),* .	Bamarche
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness, .	Thefera Infartain 2 Dept
By whom certified, .	
7. Residence,	Southerso Jugs8
8. Occupation,	
9. Place of Death,	Seathton
10. Place of Birth,	W B W D
11. Name of Father,	Gotin Bestimon
12. Name of Mother, (Maiden Name), 13. Birthplace of Father, .	Gernadel
14. Birthplace of Mother, .	gli y di
15. Place of Interment, .	Mestono mass
Signature of Undertaker or other person making the Return,	} Am /? Beicfeistein
DATED at South CE	20 , on Sept 1/ 189.4

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	mers & Gamache	
Date and Place of Death, -	died at Bodithitiri Seft. 11.	1894,
Disease or Cause of Death, -	of Meningitan Duration of Sickness.	9 (Toyo)
I certify Name and Residence of Certifying Phy.	that the above is true, to the best of my knowledge and belief.	bland hyn
	Date of Certificate, Sept /d	1894

^{*} Or Sex of Infant (not named).

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*	Welie E. Heavy	Age, 19
Date and Place of Death, -	died at Souchburs Mass.	Sepr. 18, 1894
Disease or Cause of Death, -	of Conscernation of Duration of	Sickness Coul 62005,
	that the above is true, to the best of my knowledge	and belief.
Name and Residence of Certifying Ph	Date of Certificate,	Sept. 20 1894

*Or Sex of Infant (not named).

[May, 1888.]

[Ed. - 10 M - Oct. 9, 1889.]

RETURN OF A DEATH.

1. Date of Death,	Sept 18-1884.
2. Name,	Delia E. Oyeary
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	J.
Married, or Widowed,	d.
4. Color,†	7/
5. Age,	19 Years, 2 Months, 26 Days.
Disease or Cause of Death,	Consumpliano
6. Duration of Sickness, .	about 6 mos.
(By whom certified, .	St. E. Sungeto Me. a.
7. Residence,	Southboro Mass
8. Occupation,	
9. Place of Death,	and out the out Alanda
10. Place of Birth,	A 14
11. Name of Father,	John
12. Name of Mother,	Bridget Moran
13. Birthplace of Father, .	Freland
14. Birthplace of Mother, .	1
15. Place of Interment, .	J. E. Cemetery Marlboro
Signature of Undertaker or other person making the Return,	Harlow Mass
Dated at	, on Super 21 18 9.4

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1. Date of Death,	(1) 1 = 22 /85 y
2. Name,	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	mile
Married, or Widowed,	- 1 AN 12 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Color,†	
5. Age,	2 Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness, .	Asiris lysass
(By whom certified, .	
7. Residence,	Walls Land
8. Occupation,	Blanchen fel the
9. Place of Death,	Fernite South
10. Place of Birth,	Switztand 15
11. Name of Father,	386241 CA & 120/0/2
12. Name of Mother, (Maiden Name),	2 Carten franchis
13. Birthplace of Father, .	SAVIRONEL
14. Birthplace of Mother, .	11 Charles
15. Place of Interment, .	MARIE TON A TO
Signature of Undertaker or other person making the Return,	} // CAHesuperte
DATED at FOUNT	e, on Sept 28 1894
* If a Married Woman or Widow. ‡1	f a Soldier who served in the War of the Rebellion.

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1.	Date of Death,	() OV 25 1894
2.	Name,	Jeremiah Mc Carthy
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	66 Years, Months, Days.
	Disease or Cause of Death,	Killed on ralrowa
6.	Duration of Sickness, .	Instant
	By whom certified, .	Henry A. Jewett
7.	Residence,	Southton.
8.	Occupation,	Laborer on B. W. M.
9.	Place of Death,	South ton.
10.	Place of Birth,	Coch, Ireland
11.	Name of Father,	Daniel me Carthy
12.	Name of Mother,	frelice he Castly
13.	Birthplace of Father, .	Cosh Ireland
14.	Birthplace of Mother, .	B gend to Ireland
15.	Place of Interment, .	To. Hrammyham mon
	Signature of Undertaker or other person making the Return,	Batie Longhue
DAT	ED at South to	10, on Q 01. 5t 1894
* If	a Married Woman or Widow.	

[†] If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1	Date of Death,	Do	1s 2 d 1894
		los	emich Mo Corth
2.	Name,	100	
	(Maiden Name),* .	/	
۲,	(Name of Husband),*		11 2 6 2100
3.	Sex, and whether single,	2	MAROUR
	Married, or Widowed,		
4.	Color,†		
5.	Age, Only	hosed 65	ears,Days.
	Disease or Cause of Death	·	cerdenten have road
6.	Duration of Sickness, .	Ins	land Death
	By whom certified, .	Dr.	· Jewett
7.	Residence,		
8.	Occupation,	Lat	Joren on BNN,
9.	Place of Death,	10	Poulhbors
10.	Place of Birth,	/	
11.	Name of Eather,	(.)	
12.	Name of Mother,	9	1 6 -
13.	Birthplace of Father, .		Minour
14.	Birthplace of Mother, .	1	
15.	Place of Interment, .	/	Southbord
	Signature of Undertaker or other person making the Return,	}	Henry Newton
Da	TED at Souths	bur .	on, Och 3 18 97

M

^{*} a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889. Name and Age of Deceased,* Date and Place of Death, Railroad at Fayville, Jouthbors, mass. ease or Cause of Death, -I certify that the above is true, to the best of my knowledge and belief. *Or Sex of Infant (not named). May, 1888.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH. Marlborough, Mass.,... Name of Deceased, Date and Place of Death, find fell *duration of Tdey Disease or Cause of Death, ____ I hereby certify that the above is true, to the best of my knowledge and belief. Name and residence.____ [SEE OTHER SIDE.] *It is very desirable to be informed of the duration of the disease.

UNDERTAKER'S RETURN TO THE BOARD OF HE	EALTH, MARLBOROUGH, MAS
--	-------------------------

Date of Death, Och 5th 1894
Name, Katis Burlet
Maiden Name,* Sex, A
Married, single or widow, wife of
Color, W Age, { 12 years. 6 months. 9 days. Residence, Anuth (1)
Place of death, Street and No. Ward; Ward;
Place of birth, Colombia Occupation,
Name of mother, Karl Maiden name, X/History
Name of father, John Od well
Birthplace of father, 5
Birthplace of mother, Table
Place of interment,† lelinite
*If a married woman or widow. Give the name of the burial ground. Signature of Undertaker or other person

making the return.

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No. 39 Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, Oct 5-1894.
2. Name, Ellen Sophia Hood L
(Maiden Name),* . " hewtow
(Name of Husband),* Margan Hoods
3. Sex, and whether single,
Married, or Widowed, Hidow.
4. Color,†
5. Age, 62 Years, / 0 Months, / 0 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness,
(By whom certified, . 94 Bultintul)
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth, Southbors
11. Name of Father, Russell Newton
12. Name of Mother,
13. Birthplace of Father, .
14. Birthplace of Mother, . Drumbon -
15. Place of Interment, .
Signature of Undertaker or other person making the Return.
DATED at Voushboro, on Oct 5 - 189.4
* If a Mayried Woman or Widow + If a Soldier who served in the War of the Rebellion.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	Ellen S. mm	Age, 62 yr 10
Date and Place of Death,† -	died at South Land Cet 5	1894
Disease or Cause of Death, - (Primary and Secondary.)	of Change of Strainly	
Duration of Sickness,		
I certifying I	fy that the above is true, to the best of my knowledge and belief.	
Elland Man	Date of Certificate, ORA	18974.
* Or Sex of Infant (not named). If stillborn	so state. † If child died immediately after birth so state. † If a soldier or sailor who served in Plate. Ed. May, 1893.—5,000.	n the War of the Rebellion.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.				
Date of Death, Octobes 7th 1884				
Name, Rosetta Commans				
Maiden Name,* Sex, 7.				
Married, single or widow, wife of				
years.				
Color, 1. Age, 3 months.				
A CONTRACTOR OF THE PROPERTY O				
days.				
Residence, Douthvow				
Place of death, Street and No. Fayville Goad Ward,				
Place of birth, Movidence Occupation,				
Name of mother, han Comozz Maiden name, han he Kelliget				
Name of father, John Country				
Birthplace of father, Symont.				
Birthplace of mother, Lawrence				
Place of interment, + Samzance				
*If a married woman or widow.				
Signature of Undertaker or other person Signature of Undertaker or other person Signature of Undertaker or other person E.				
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.				
Marlborough, Mass., Out, 8 1894				
Day Hay Commenced to the second secon				
Traine of Document,				
Date and Place of Death, Fazicle, Oar, 7th "94				
Disease or Cause of Death, Incontrol *duration of 6 12183				
I hereby certify that the above is true, to the best of my knowledge and belief.				
Name and residence, Strum M. S.				

RETURN OF A DEATH:

1.	Date of Death,	9	t/2-1894
2.	Name,	La	seph Bowles
	(Maiden Name),*	0	
	(Name of Husband),*		<i>f</i>
3.	Sex, and whether single,	M.	3
	Married, or Widowed,	S	
4.	Color,†	W	
5.	Age,	18	Years, Months, 2 Days
	Disease or Cause of Death,		
6.	Duration of Sickness,.		
	By whom certified, .)
7.	Residence,	0	outhboro dass
8.	Occupation,	1	ainter
9.	Place of Death,	0	withboro offass
10.	Place of Birth,	N	oxbury Mass
11.	Name of Father,	fi	imes & Bowles
12.	Name of Mother,	a	nn Post
13.	Birthplace of Father, .	3	uland.
14.	Birthplace of Mother, .		//
15.	Place of Interment, .		
	Signature of Undertaker or other person making the Return,	}	Fra. Ali Gill Marlbow Mass
DAT	red at		, on QU. 18.

^{*} If a Married Woman or Widow.
* If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*		reph	(Box	rles		48
Date and Place of Death, -	died at	South	foro	Mass	Oct 1	2 1894
Disease or Cause of Death, -	of Sej	btical	illa Du	uration of Sickn	ness Out	week
I certij		ove is true, to i	the best of my	knowledge and i	belief.	
All to makiyong a 1, to ware		A siapasecia	Date of Certifi	cate, Oct	15~	189%
*Or Sex of Infant (not nar	med).					[May 1888.]

[Ed. - 10 M - Oct. 9, 1889.]

RETURN OF A DEATH.

1.	Date of Death,	OP 19-1892
2.	Name,	atora I Sommerman
	(Maiden Name),*	Clara L Besilice
	(Name of Husband),*	Henry Sommermen
3.	Sex, and whether single,	
	Married, or Widowed,	Micheniel
4.	Color,† · · · · ·	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death, (Primary and Secondary), ‡	Consumption of Lings
6.	Duration of Sickness, .	Just SIF MONIN
	By whom certified, .	
7.	Residence,	State 1116 SHEELONG
8.	Occupation,	flehilly by and the
9.	Place of Death,	S011/107/1C
10.	Place of Birth,	10 0 0
11.	Name of Father,	15 J. 1301400
12.	Name of Mother,	Susens Fhorson
13.	(Maiden Name), Birthplace of Father, .	Hoptension meiss
14.	Birthplace of Mother, .	South un
15.	Place of Interment, .	SUCTABORD,
	Signature of Undertaker or other person making the Return,	} Wh druger Einel
DA	red at Second	on 11 19 1894

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,* Clara & Sommunan					
Date and Place of Death, - died at Southtow; Ort, 19.	94				
Disease or Cause of Death, - of Bonsunfthin Duration of Sickness / & mi	02				
I certify that the above is true, to the best of my knowledge and belief.					
Name and Residence of Certifying Physician Sty. M. Buttefield Med. Welland					
* Or Sex of Infant (not named).	894				

No: 43

RETURN OF A DEATH.

-			
1.	Date of Death,	No	v, 3 /894
2.	Name,	Cha	rles He, Elover
	(Maiden Name),* .		
	(Name of Husband),*	700	
3.	Sex, and whether single,	Ma	ll
	Married, or Widowed,	Ma	rrell
4.	Color,†	W	<u> </u>
5.	Age,	43	Years, / Months, 20 Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .		
	By whom certified, .	Dr	el, A. Kohinsen
7.	Residence,	Low	thorn "Fayville
8.	Occupation,	6 le	rhan
9.	Place of Death,	Lu	thouse Bayville
10.	Place of Birth,	16	chevia the,
11.	Name of Father,	Ros	ert- Elover
12.	Name of Mother,	Mu	randa Marshall
13.	(Maiden Name), Birthplace of Father, .	He	byon Me,
14.	Birthplace of Mother,.	Pa	ris Ill.
15.	Place of Interment, .	86	Ebrun Ill
	Signature of Undertaker or other person making the Return,	} a	E. Bridges
DAT	TED at 'Routh	ora	, on Nov 5 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	Lycc. 17, 1894
2.	Name,	Wharles Schofield
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	Married
	Married, or Widowed,	
4.	Color,† · · · · ·	
5.	Age,	2/ Years, 8 Months, Days.
	Disease or Cause of Death, (Primary and Secondary), ‡	Skilled on Austral
6.	Duration of Sickness, .	
	By whom certified,	Medical epanisa On genr
7.	Residence,	Southboro
8.	Occupation,	Jacquer .
9.	Place of Death,	Southboro.
10.	Place of Birth,	Nova Scotia
11.	Name of Father,	Many of Delangella
12.	Name of Mother, (Maiden Name),	Matilda
13.	Birthplace of Father, .	Nova Scolia
14.	Birthplace of Mother, .	Nova Scotia
15.	Place of Interment, .	Southborn
	Signature of Undertaker or other person making the Return,	Henry Newton
DA	red at South	bow, on Deo 18 189.7

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1. Date of Death,	December 31-1894
2. Name,	Mary Elizabeth Hugden
(Maiden Name),*	10 se Whiteomb
(Name of Husband),*	Francis W. Hunden
3. Sex, and whether single,	Finale
Married, or Widowed,	Married
4. Color,†	W
5. Age,	66 Years, — Months, 24 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Brights Deserve
6. Duration of Sickness, .	
By whom certified,	Gro. M Butterfield M.D. Man
7. Residence,	Southboro
8. Occupation,	Honoroope
9. Place of Death,	Conthboa 1
10. Place of Birth,	Andrew Confort M. H.
11. Name of Father,	David H. Whitcomb
12. Name of Mother,	ann Jainter
(Maiden Name), 13. Birthplace of Father, .	Orford-n.H.
14. Birthplace of Mother, .	//
15. Place of Interment, .	Westboro
Signature of Undertaker or other person making the Return,	

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*	harles oscofield Age, 23.
Date and Place of Death, - died a.	Southborough, Mass. Dec. 17th 18 94
	lled on R. Road Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

rtifying Physician, I Evry A. Jewill II. J.

Med. Edamener.

Pate of Certificate, Dec. 18 th. 18

*Or Sex of Infant (not named).

[May, 1888.]

Name and Age of Deceased,*	Mord. Mary Elizabeth Hunden Age, o	16 grs.
Date and Place of Death,† -	died at South Lovo Dec 31	1894,
Disease or Cause of Death, - (Primary and Secondary.);	of Brighty Disease	
Duration of Sickness,		
	ify that the above is true, to the best of my knowledge and belief.	
acirland M.	Date of Certificate, Jan. 2.	1896

^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. August, 1894. — 5,000.

[‡] If a soldier or sailor who served in the War of the Rebellion-

RETURN OF A DEATH.

No. of the contract of the con	
1. Date of Death,	Du 31. 1894
2. Name,	many olizabeth Handen
(Maiden Name),* .	Mhittoria.
(Name of Husband),*	Francis W Hayden
3. Sex, and whether single,	Missinh
Married, or Widowed,	m.
4. Color,†	
5. Age,	66 Years, — Months, 2 4 Days.
Disease or Cause of Death, (Primary and Secondary),‡ 6. Duration of Sickness, .	Angels-Dreine
By whom certified, .	& W. Buttafair m. D.
7. Residence,	Southern
8. Occupation,	Hunkupu
9. Place of Death,	Avrilla on
10. Place of Birth,	Orgoni No
11. Name of Father,	Dahra A
12. Name of Mother, (Maiden Name),	anin. (Jambor)
13. Birthplace of Father, .	Oaton Not
14. Birthplace of Mother, .	Offon IV A.
15. Place of Interment, .	· Weston.
Signature of Undertaker or other person making the Return,	} 8. S. Wood
Dated at Jowhysia	, on 2 189.5
Name to the second seco	

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.